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# DETROIT MEDICAL JOURNAL

DETROIT, MICH., MAR., 1902.

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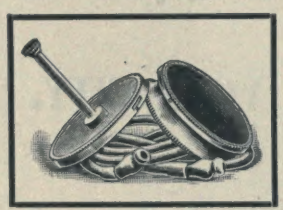

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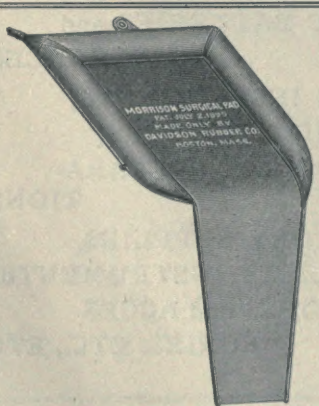


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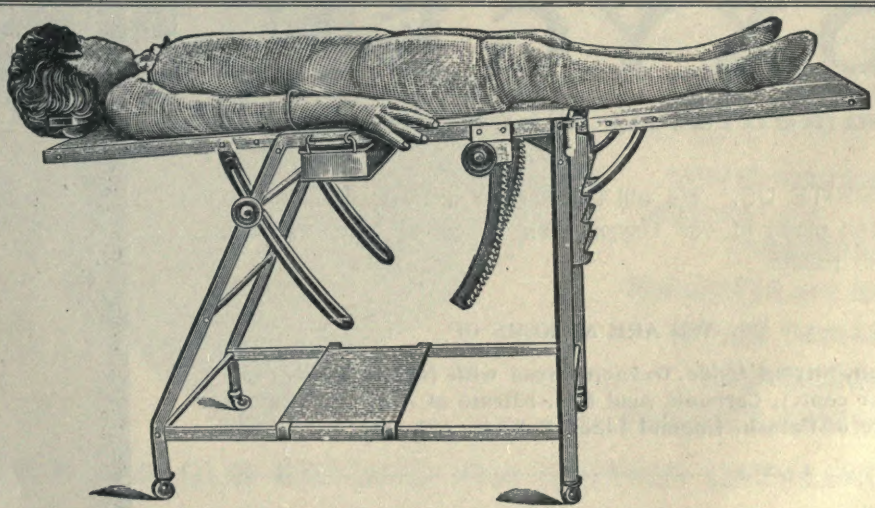

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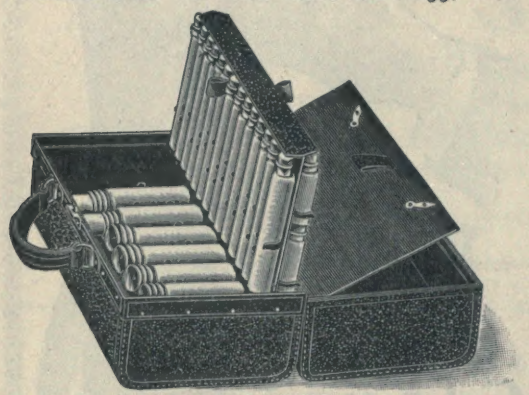

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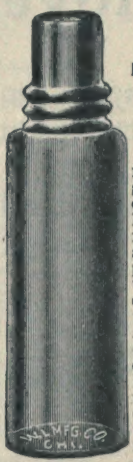

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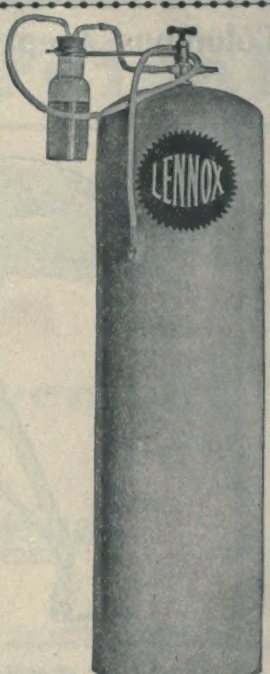


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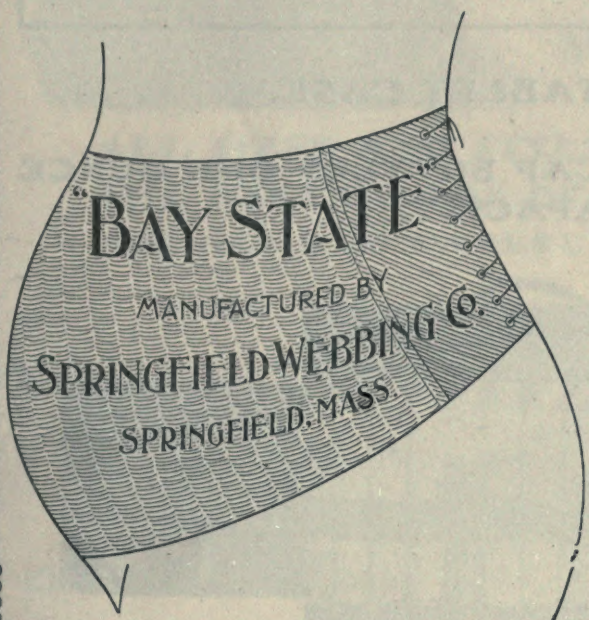


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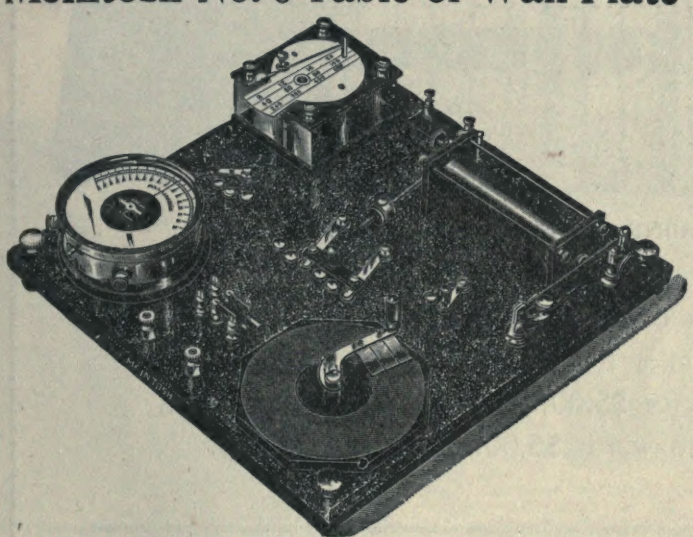

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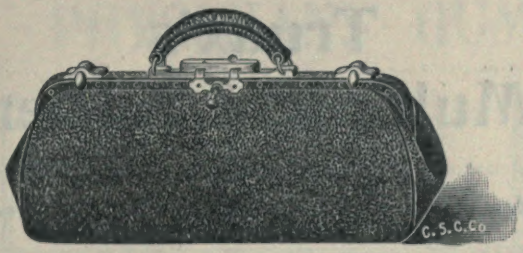


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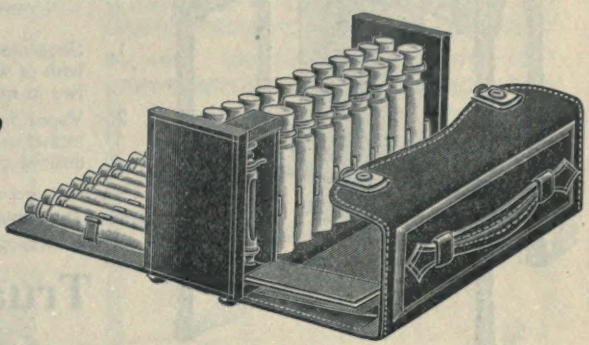

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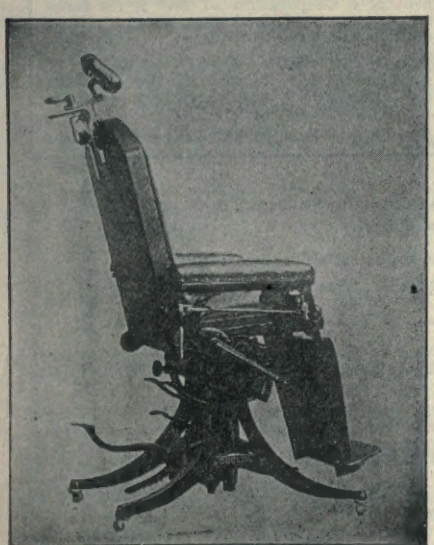

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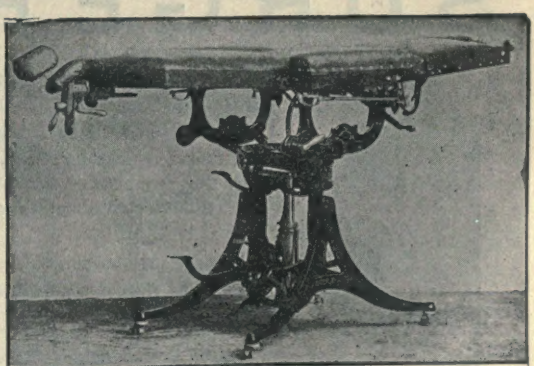

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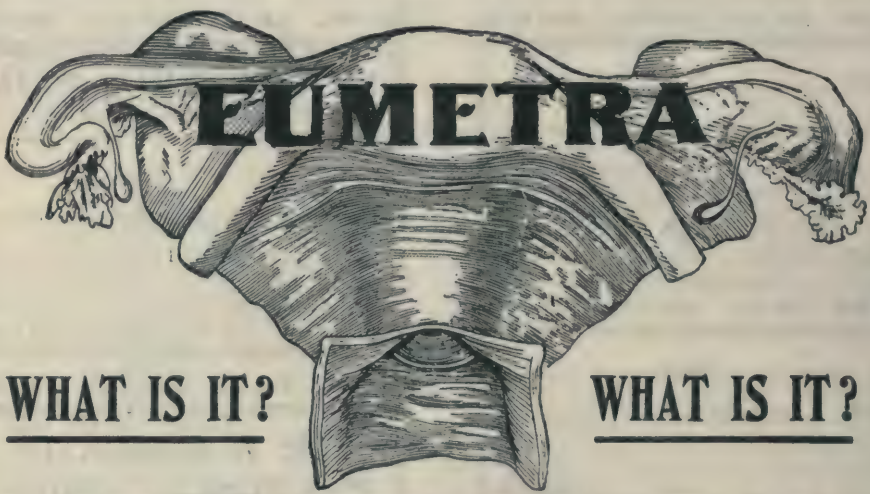

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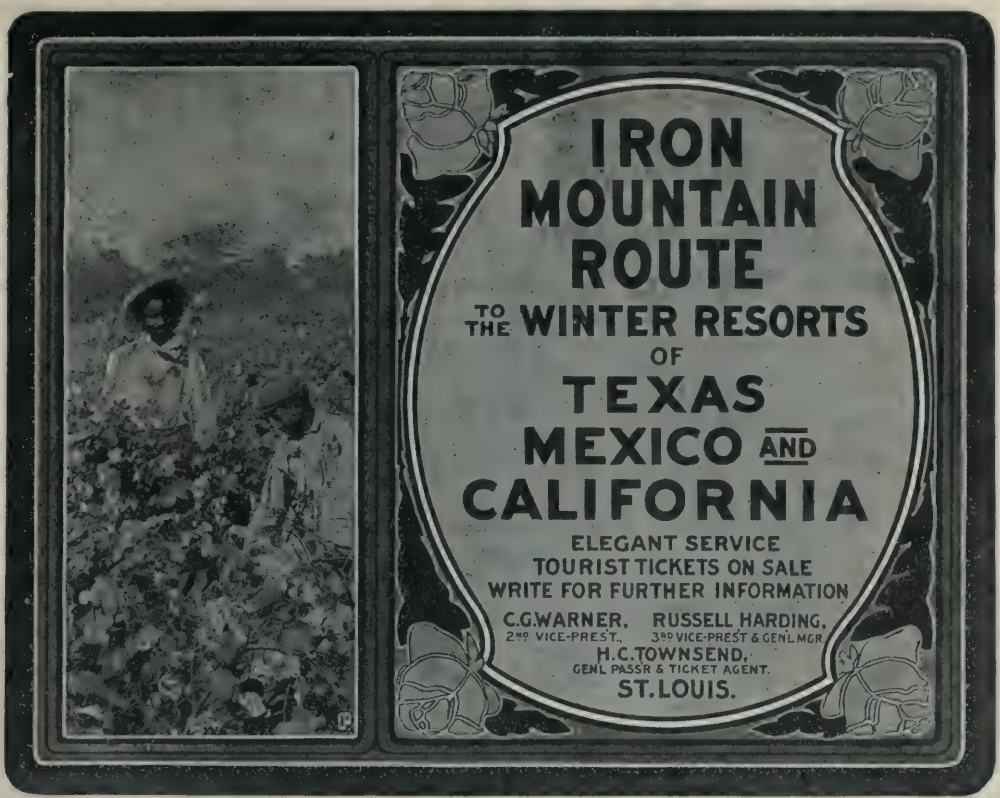


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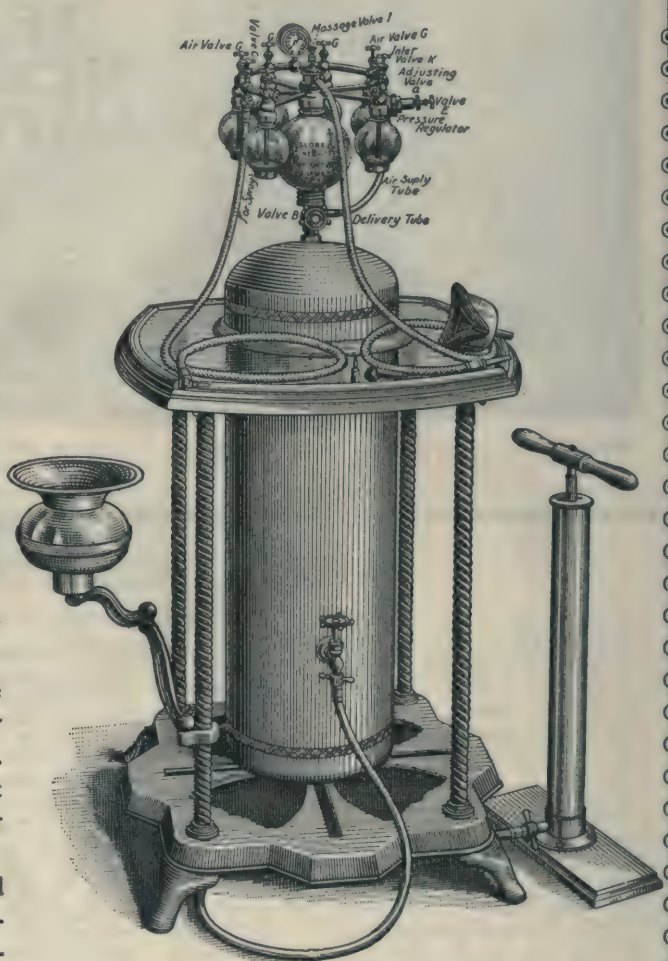


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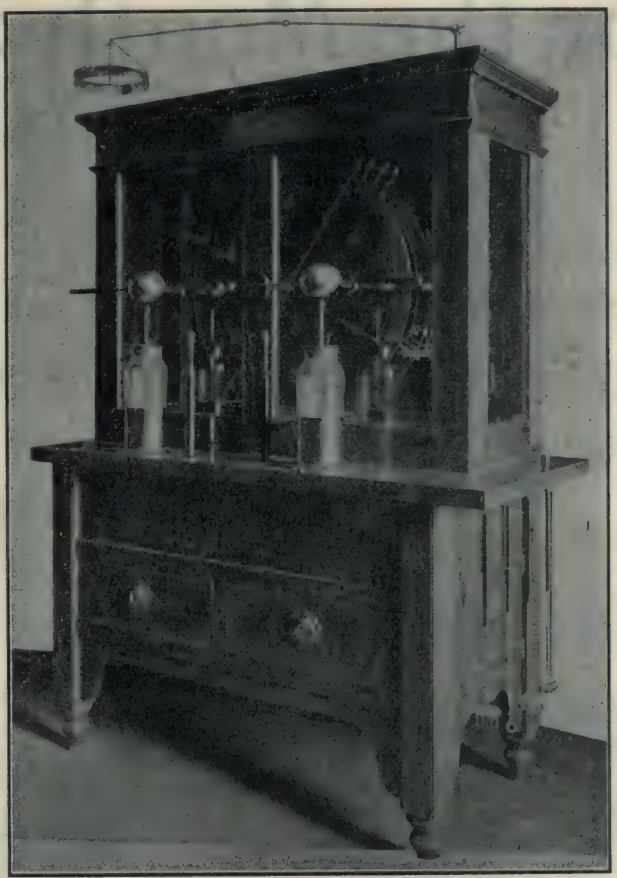

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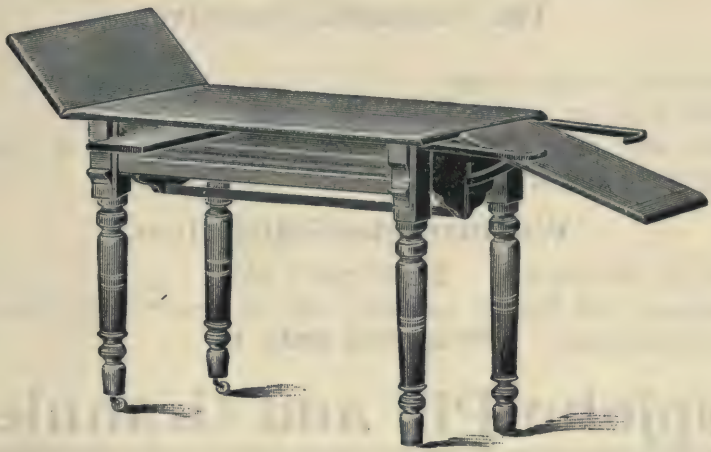

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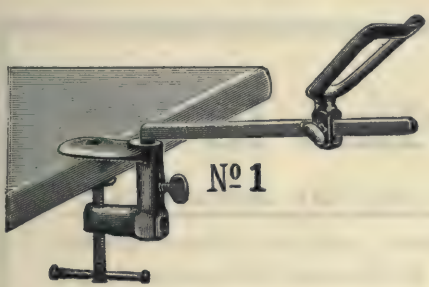


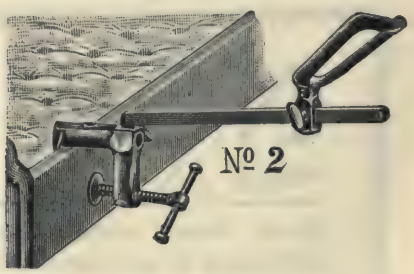


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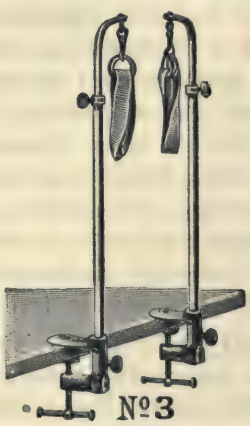

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SEE ARTICLE ON "SIMPLICITY IN X-RAY PHOTOGRAPHY,"
DETROIT MEDICAL JOURNAL MARCH, 1902.

DETROIT MEDICAL JOURNAL

# ORIGINAL ARTICLES

## SIMPLICITY IN X-RAY PHOTOGRAPHS.

The purpose of this brief paper is to treat of a method of obtaining a usable print of a photograph made with the Crookes tube, within a few minutes after exposure has been made—something that the writer believes will be of interest to every physician who is interested in the study of photography as it concerns the work of his profession. Even within a comparatively short time, so much has been done with photographs taken with a Crookes tube that photography may be said to have assumed a very important place in operative technique. And it is with a view of presenting a speedy method of obtaining a positive print that this paper is written.

There are several drawbacks to the method of obtaining a positive print commonly in use. When the positive plate is first obtained, it is customary to make a negative plate and from this a positive print, in order that the physician may have at hand something from which he can work without bearing constantly in mind the fact that he is, as it were, looking in a mirror. The length of time necessary to allow the plates to dry is a serious inconvenience in X-ray photography, inasmuch as it gives an opportunity for untoward symptoms to develop in the patient while the physician is waiting to operate.

The method in question, the success of which was shown to the writer by Dr. Henry H. Cook, and by which the subject for the half-tone in this edition of the DETROIT MEDICAL JOURNAL was made, commends itself for its simplicity.

A developing instead of printing-out paper was used and a sheet of 8x10 paper of this class was placed in a light-proof envelope in a darkened room. The paper was a little slower than a rapid plate would have been, but in skiagraphy, for clearness of detail a slow plate is desirable. Some little light leaked into the room, but not enough, apparently, to interfere with the success of the exposure. The sensitized paper was placed sensitized side up on a table at which the writer sat, his right hand resting flat on the envelope, which was placed with its center about seven inches from a No. 9 Crookes tube, of German make. The static machine was started and exposure was made for two min-

utes and ten seconds, the additional time being allowed to compensate for any time the machine might not have been running at its full speed. The room was, of course, dark with the exception of the light from the tube. When the exposure was completed the machine was turned off and the work of developing began at once.

What is known as Tolidol developer was used, the customary addition of one or two drops of a 10% bromide solution being made to act as a restrainer, to keep the print from developing too rapidly. The paper developed almost immediately and was kept in the developer until the outlines of the fleshy parts of the hand were distinct, when it was placed in an acid fixing-bath. The whole operation, from the time of exposure to the fixing of the print, was about *seven minutes.* By this time every detail of the hand was clearly visible, the clearness being hightened as usual when the proof was held up to the light. Washing the proof in water followed, as a means of preservation for the purpose of reproducing in half-tone, but as far as all ordinary purposes were considered, the proof was ready to be used at once.

It could have been perfectly used as a guide for operation, after simply drying it between two thicknesses of blotting paper.

This description is published for the benefit of members of the profession who may have at some time or other occasion to obtain a photograph of an injured member immediately, in a case in which time is of great value. The same method may be followed out along the same lines when it is desired to make several copies from a plate, by simply printing a negative plate from the positive proof first obtained and then printing positives from the negative. If it is desired to make a number of prints for class purposes, it is an equally simple matter. The number of proofs that may be desired are simply placed in the envelope together, care being taken to have the sensitized side up in all cases, and then exposure is made in the customary manner. They can all be developed and fixed at the same time, doing the whole business on a wholesale scale.

Dr. Cook has not as yet made any experiments with photographs of the thicker regions of the body, but he is confident that the same methods will give equally good results, care being taken to insure a proper period of exposure, that the paper may develop properly. Knowledge of the principles of ordinary photography is an essential to success in photography with the Crookes tube and the physician who is also an amateur photographer may profitably spend much of his time in experimentation with this means of photography.

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**Vaccination.**—Dr. F. M. Crandall, writing in *American Medicine,* says, among other good things: The immunity conferred by vaccination is in direct proportion to the thoroughness with which it is performed, and this is shown with considerable accuracy by the character and number of the resulting scars.

Vaccination in infancy alone is not sufficient to wholly prevent small-pox among the adult population.

Optional vaccination has not proved sufficient to protect the community from small-pox. Compulsory vaccination is a measure warranted by more than a century of experience.

The mild compulsion enforced in this country, by requiring vaccination or evidence of its recent performance upon admission to the public schools should have the hearty support of the parents and physicians alike.

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**Philadelphia College of Physicians.**—The library of the College of Physicians, of Philadelphia, is now one of the largest medical collections (numbering 64,916 volumes) in this country. In many respects, especially in old and exceedingly rare medical prints, the library is unrivalled.—(*Clinical Review.*)

## FACIAL ERYSIPELAS.*

BY P. S. ROOT, M. D.
Monroe, Mich.

Some months since I had the misfortune to lose a case of facial erysipelas, the first case of this form of erysipelas that I have seen die. Every year we all see more or less of this disease and yet, I am constrained to believe that the rate of mortality must be extremely low and consequently the prognosis generally favorable. However, it is the unexpected that is likely to occur, and in this connection I beg leave to direct your attention to a few general considerations and incidentally report the case to which I have alluded.

Erysipelas, as a diseased manifestation, is probably as old as the history of medicine. Formerly the disease was regarded as due to some peculiar poison which had found entrance into the system. Facial erysipelas was generally looked upon as idiopathic, but is now known to be an acute specific infectious inflammation caused by the strepticoccus erysipelatis, the point of infection of which is doubtless always a traumatism, be it ever so slight. This coccus, as an etiologic factor, was first demonstrated absolutely by Fehleisen in 1883, he having produced the disease in animals by inoculation with pure cultures of this germ. Efforts have been made to divide the strepticoccus Pyogenes into different species in order to account for the various results following infection by seemingly identical coccus. To illustrate: we may find this bacterium in boils, carbuncles, diphtheria, follicular tonsilitis, tuberculosis and puerperal septicæmia, in each case exercising a somewhat different role. So also do we find different degrees of severity in erysipelas. Witness, if you please, the terrible loss of life during the War of the Rebellion from hospital gangrene, a traumatic erysipelas. How then shall we explain these discrepancies? Bacteriologists do not agree in their efforts or results when it comes to differentiating species according to pathological evidences. In fact, it is pretty generally admitted that no such division of species can be substantiated.

We must therefore, it seems to me, attribute the multiple relations of this germ to natural causes—causes whose "why" and "how" are yet undetermined.

The great chemical laboratory of the human body holds many secrets yet to be unfolded by scientific investigation. It seems probable, however, that the environment of this germ has much to do with the virulence of its toxin. By this I mean if we have a healthy and well-nourished cell protoplasm, we are likely to get only a mild degree of toxæmia. On the contrary, if we have erysipelas in a patient previously exhausted by disease, or suffering from some form of auto-intoxication, we may have all the requirements of a prime culture fluid. It follows then that the contest must be between the vital resistance of the tissues and the potentiality of the toxin.

Facial erysipelas is common, while the traumatic form of years ago has about ceased; so also has the puerperal form. This followed closely the advent of the use of antiseptics, and cleanliness. All forms of erysipelas are contagious. Especially is this true where wounded surfaces are exposed. In hospitals and even private houses no persons with wounds should be allowed anywhere near the erysipelas patient. Isolation should always be enforced. Let me further admonish you not to confine women while attending this disease.

As to symptoms, it is hardly necessary to more than briefly outline. The inflammation begins as a small patch usually near the nose, but may show itself at the ear or eye. In a case recently under observation, the disease commenced in

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*Read before the Monroe County (Mich.) Medical Society, January 23, 1902.

front of the ear. From a small patch of redness the swelling extends, accompanied by fever and perhaps chills, with increasing debility. About the second day the tumefaction will have involved one side of the face, presenting that characteristic board-like feeling. The temperature will vary from 101 to 106, pulse 100 to 120, the tongue will be coated; the appetite lost. Almost from the first the urine will be found to contain albumen, the amount generally depending upon the severity of the attack. In very mild cases, perhaps, but one side of the face becomes infected. More often the swelling extends all over the face, becoming pronounced about the orbital tissues; so much so as to close the eyes. The center of the swelling becomes darker while at the edges may be seen a light flush which marks the advance of the bacteria along the lymph channels. Patients constantly complain of a burning or smarting sensation over parts involved. Blisters are quite likely to form and sometimes pus-gangrene, but rarely. These active symptoms usually last from ten days to two weeks. The constitutional symptoms come more and more in evidence; typhoidal conditions sometimes supervene, accompanied by delirium and profound prostration. Among the complications are infrequently seen meningitis, endocarditis, nephritis and pneumonia.

As to the matter of treatment, the agreement is almost universal that it should be along the lines of antisepsis. Locally we may use moist applications of 1 to 500 or 1 to 1000 bichloride, 1 to 50 carbolic acid, etc; to limit the spread of the inflammation, injections of a 3% solution of carbolic acid along the line of advancement, or painting a line with nitrate of silver solution or tincture of iodine. So far as my observation goes these attempts at limitation are usually fruitless. Personally I have found ichthyol to be more generally beneficial than any other remedy as a local application. I apply it in 10 to 25% ointment, or what is perhaps more cleanly, a solution of ichthyol in collodion after this formula:

Ichthyolis .....3II
Aetheris ..... 3I
Collodion ad..... 3I

This may be applied with a brush twice a day. The eyes should be cleansed with a saturated solution of boric acid. Should a high degree of chemosis develop, the conjunctiva may be divided so as to diminish tension of the cornea. It may even be necessary to divide the external canthus. As to constitutional measures, of prime importance is the administration of nutritious and easily digestible food, such as egg-nog, milk, beef-juice and liquid peptonoids. Medication should be antiseptic and tonic. Triturate chloride of iron in full doses frequently repeated has stood the test for years. It is perhaps more generally used than any other remedy and possibly deservedly so, for by it we get a more immediate result than from any other form of iron. Besides this agent we should give quinine, strychnia and salol or sod. salicylate. The indication for one of the latter agents is to procure as far as possible an aseptic condition of the stomach and bowels. Daily examinations of the urine should be made, noting the amount and per cent. of albumen. There will frequently be found a mild nephritis in most forms of infection caused by this germ, which, if allowed to go unheeded, sometimes results seriously. Finally, I wish to allude to a specific treatment, which though comparatively new, is likely in the near future to become an ideal method for the control and cure of this disease. I refer to the use of anti-strepticoccic serum. This serum is produced in the same manner as the anti-diphtheritic serum, except that the toxin of the Coccus Pyogenus is used instead of that of the Klœbs-Lœffler bacillus. The use of this agent has not been followed by uniformly successful results, but this may be due largely to delay in its admin-

istration. If for any reason the system shall have become so thoroughly saturated with toxin as to practically paralyze all vital functions, we can have little hope of benefit from the exhibition of any remedial agent. I further call your attention to one other remedy, which perhaps, merits the designation of specific in this and kindred forms of disease.—This is nuclein. The vital principal of life, so far as corporal existence is concerned, is resident in the cell, and the nucleus of this cell is largely composed of nuclein. It follows therefore, if we wish to stimulate the resistance and nutrition of this cell by any tonic,nuclein may justly claim a trial. We know, further, that the leucocytes are nature's army, designed to repel the invasion of all species of germs. Hence, if we are able to reinforce this defensive army, we shall offer greater security against disease. In nuclein we have an agent whose most objective action is to induce leucocytosis. The inference is therefore plain.

Vaughan has commended nuclein in different forms of strepticoccic infection, and, personally, I have seen most happy results follow its use in carbuncles, ulcers and follicular tonsilitis. In erysipelas I have not given the remedy a trial, but shall do so with the next case that presents itself. It has many advocates in puerperal infection, and hence, it seems to me, we may employ nuclein with considerable hope of conserving the vitality of the tissues, both as a tonic and a producer of phagocytes.

The case, to which I have referred, was Mrs. J. M. C., aged about 47 years, a large fleshy woman. She consulted me at my office on June 20, 1901, complaining of a slight swelling on the left side of the nose. This swelling though slight, had the appearance of beginning erysipelas, and I told her so, requesting her to keep me informed. On June 21st I was called to her home, where I found a mild case of facial erysipelas. She had a temperature of 100, pulse 96 and tongue coated. The tumefaction increased gradually, involving the orbital tissues of the left eye; at no time was this swelling severe or unusual, nor did the pulse or temperature indicate any serious constitutional infection up to two days before her death. There developed a slight protrusion of the eyeball, but her eyesight was good until the day before her death, when, while I was examining the eye, she became blind. Dr. Leartus Connor, of Detroit, Mich., saw her during the afternoon of June 29th, and made numerous efforts to reach pus at the back of the orbit, but none was found. She became septic and died during the evening of the following day. In the meantime the erysipelas had extended to the right side of the face with only moderate swelling. The temperature at no time went above 102, but the pulse was 120 on the day of her death. The urine contained about 1% albumen, but the amount was 1500 c. c. with specific gravity of 1.019. The patient remained conscious until shortly before her death.

I may observe that a small pus cavity formed in the left cheek, which was promptly opened and cleansed. It is certainly a little difficult to account for this woman's death, with symptoms so mild. Possibly the septicæmia was the result of a mixed infection. My only regret now is that I did not make a bacterioscopic examination of the pus. There was probably an abscess within the orbital cavity, and yet at no time was there fluctuation or was it possible to reach pus. It seems also unusual that an abscess should have developed at the posterior part of the cavity without some cerebral manifestations. There is little question but that the orbital cellulitis resulted in the destruction of the eye, and that with but a moderate degree of swelling, and a cornea, whose nutrition had not been seriously impaired by inflammation. Had a post mortem been permitted, the findings

would doubtless have thrown much light upon this somewhat obscure case, the fatal termination of which shows that we should not be too sanguine in our prognosis.

Monroe, Mich.

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**Appendicitis.**—Dr. J. B. Deaver, of Philadelphia, writing in the *Medical Review*, emphasizes the fact that *every death from this disease, in an individual otherwise well, excepting those of the fulminating type, could have been prevented by an operation at the right time.* He says: "An early diagnosis is necessary if operation is to be performed early, and especial stress is therefore laid upon the early diagnosis. If the three cardinal symptoms of appendicitis are kept in mind, the early diagnosis in nine cases out of ten is very simple. These symptoms are pain, tenderness and rigidity. Sudden abdominal pain in a person previously well is the first point. Pain, sudden in onset, general or localized to any part of the abdomen, is usually the first symptom. The tenderness may be at first general or local, and a valuable diagnosis point is general abdominal pain with tenderness limited to McBurney's point. This tenderness is confined to a small area elicited by the pressure of a single finger. Pressure in other points of the abdomen often causes pain not where the pressure is applied, but under McBurney's point. Rigidity is nearly always present from the outset, but can sometimes be demonstrated only by the most delicate and gentle touch. Taken collectively these three symptoms present a picture that cannot be mistaken in 90 per cent. of cases. The diseases hardest to distinguish from appendicitis in the early stages are typhoid fever, extra-uterine pregnancy, cholecystitis, and acute mechanical obstruction of the bowels. The only justifiable excuse for delay in operating is uncertainty of the diagnosis, and in case of doubt, it is the duty of the physician to seek counsel to settle the question as soon as possible. The ideal time to operate is in the stage of appendicular colic, before inflammation has taken possession of the appendix. In the author's experience, the percentage of intestinal obstruction after operation is comparatively large; this condition appears ten days, two weeks or more after primary operation. Upon the appearance of paroxysmal abdominal pain, nausea, inability to pass flatus or to have the bowels moved by simple purgative medicines aided by high enemata through the rectal tube and given with hydrostatic pressure and with the presence of slight tympany with paroxysmal pains provoked by gentle palpation of the abdominal wall, abdominal section is immediately advised, and often prevents the death of the patient." Other important points in the technic of the operation are mentioned.

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**Treatment of Typhoid Fever.**—Dr. Boot, in the *St. Paul Medical Journal*, writes an interesting article on typhoid and makes the folowing observation: "The constitutional infection by the bacillus typhosus causes a disease that cannot be aborted or materially shortened by any of the means now at our command unless it be by some form of antitoxin that the most of us are not familiar with. But, the secondary infection not being a constitutional infection in most cases, can be done away with to a certain extent, if not altogether, and that part of the course of the disease that comes from the secondary infection can be shortened and at times done away with altogether. Just what the length of the disease would be if we could have an unmixed infection by the bacillus typhosus I cannot say. It seems to me that the specific action of the bacillus typhosus is nearly at an end by the middle of the third week. In children the intestinal ulcerations are absent at times and are usually less extensive than in adults. This disease usually runs a shorter and less severe course in children. These two facts seem to me to be correlated, and the absence of secondary infection accounts for both of them. This being the case we should try to do away with this secondary infection and we should expect any means that would tend to do away with it would shorten the disease and make the symptoms milder."

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**Neuralgia.**—

| | |
|---|---|
| Camphor gum, powd. | 1 drachm |
| Chloral hydrate | 2 drachms |
| Chloroform | 4 drachms |
| Alcohol | 4 drachms |

Label "Poison."

## POST PARTEM TREATMENT.*

BY C. E. BOYNTON, M. D.,
Los Banos, Cal.

After the child is born it is not safe to leave affairs to Nature, especially as regards the condition of the bowels.

The regulation dose of Castor Oil, or better Aromatic castor oil, generally works promptly, but oftentimes a tendency to constipation follows parturition, when moderate laxatives seem to fail. If the laxative is continued and the bowels remain constipated, we may confidently expect trouble. Two cases of phlegmasia dolens, from the practice of other physicians, have recently come to my notice—the result of not having paid sufficient attention to keeping the bowels in order.

Mrs. A.—Was slow in labor and her physician called me in consultation. The bowels were blocked with fæces, but this condition was relieved by high injection, made difficult by the low position of the head. The child was born in less than two hours. The attending physician then conducted the after treatment; Result, constipation and phlegmasia dolens.

Mrs. B.—Confined by a local practitioner. On the third day the right leg began to swell and on the eight or tenth day the writer was called to the case. Here was another instance of intestinal, or rather, rectal inertia. The attending physician had cleaned out the womb faithfully and had probably given cathartics. The swelling in the leg was intense from the mid-thigh to the foot and the patient was in great pain. However, a local application, under a well fitted bandage, stopped the pain in half an hour, though the fever ranged from 103 to 105 degrees. Enemas and a ten-grain dose of calomel, with all the Sulphate of soda the patient could take, brought from the bowels a mass that would have poisoned a rhinoceros. And the woman got well.

An almost certain way to avoid septic trouble after confinement is:

1st. To use Aromatic castor oil ℥ss twelve hours after the child is born.

2nd. If there is tendency to constipation, give a mild laxative in divided doses three times a day.

3rd. If the above laxative does not move the patient sufficiently, give soap and water enema.

4th. With the slightest suspicion of constipation, give sulphocarbolates and calcium sulphide.

5th. The danger of phlegmasia justifies giving full doses of quinine, which will dry up the milk œdema within the tissues and of course the breast milk as well.

6th. Echinacea, Sp. Tr., Poke root, Sp. Tr., Atropia and large doses of calomel help us out in these conditions.

7th. Of course the douche-čurette, with $H^2O^2$, Creolin and other antiseptics should be used as required, and before they are required.

The writer attributes his twelve years of obstetric success to the fact that he treats trouble in advance and instead of trusting to luck is always on the lookout for luck to change.

Los Banos, Cal.

*Written for the Detroit Medical Journal.

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**High Retraction Ring's Contraindication to Version.**—*The Medical News* says the following in this connection:

Dr. Rudolph W. Holmes read a paper on this subject before the Chicago Medical Society, February 5, 1902. He said that the retraction ring as a product of normal and abnormal labor is not given a proper recognition in American textbooks; it is considered so unimportant that hardly a paragraph is given to the discussion of the ring, threatened rupture, etc., and its contraindication to version. The reports of two cases are given, occuring in a European clinic, in which version was done with a high retraction ring at the umbilicus; in one case death resulted from rupture of the uterus; the other patient fortunately escaped.

## THE TREATMENT OF GLEET.*

BY W. A. HACKETT, M. D.

Prof. of Dermatology and Venereal Diseases, Michigan College of Medicine and Surgery, Detroit.

"It is more than likely that nothing new has been thought, spoken, written or done these 500 years past. The Lord, only, knows how many centuries have elapsed since the last original idea was put forth; the last original action accomplished. The human brain is at once so industrious and so limited in scope that it must have exhausted very early in the life of the race, all the initiative material with which it was permitted to deal. Since then, we have been re-thinking dead men's thoughts, reiterating their words; inventing their marvels, anew, traveling around a well-trodden circle but adding a touch of humour to the treadmill task by believing we are doing it all for the first time, that the others whose footprints we are obliterating were a pitiful lot in comparison with ourselves." These are the opening words of Robert Barr in one of the chapters in that excellent political story, entitled, "The Victors," and are they not often true when applied to the Science and Art of Medicine and Surgery? It is very difficult in this age to bring forward anything new in the treatment of disease. I only propose, in this paper, to travel around the well-trodden circle and to try to impress upon you some of the best methods of handling these obstinate cases of gleet.

Acute Urethritis becomes chronic after it has lasted for ten or twelve weeks, the discharge still continuing. The chronicity is often due to indulgence in liquor, or coitus during the declining stage or else treatment has been neglected in the early stage or has been too energetic. In the anemic, debilitated, neurotic and scrofulous patients, urethritis tends to become chronic.

When the posterior urethra is involved, the following symptoms are usually noticed:—

(1) The discharge is very slight and serous.

(2) Nocturnal pollutions are apt to occur accompanied by a dull painful sensation in the region of the prostrate.

(3) Urination is frequent and painful.

(4) The urine contains ragged shreds, which sink rapidly to the bottom of the vessel.

There is no one method of treatment, which can be carried on in all cases, but it requires a good deal of judgment in the selection of methods suitable in different cases.

In old cases of gleet, internal remedies wil not be of much benefit, yet in combination with local applications, they are useful. The balsams have a tendency to diminish suppuration by stimulating the urethra and when the urine is cloudy, their use clears it somewhat. Copaiba, Cubebs, and Santal Oil either alone or in combination with others are useful in capsules or emulsions. Some patients cannot take them at all as they are rather hard on the stomach. The best tolerated of all is the Santal Oil, which may be combined with Methylene Blue, but the benefit is only temporary. It is not advisable to give any of the balsams for a longer period than a week for fear of overstimulating or irritating the kidneys or urethra.

I have found the urinary antiseptics to be useful in the treatment of gleet. Most of them are salicylates, in which carbolic acid is excreted in the urine, rendering it antiseptic and less irritating to the inflamed surface of the bladder and the urethra. Besides ammoniacal decomposition of the urine is prevented by the acidity being maintained. In my practice, salol combined with boric acid has given good results as a urinary antisep-

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*Read before the Wayne County Medical Society, February 6th, 1902.

tic. Of course, it should be stopped as soon as the urine becomes dark or smoky in color; but as a rule, salol can be given in 10 grain doses, three times a day, for three or four days at a time, without the least danger.

Urotropine has a powerful germicidal action and keeps the urine acid. It can be given in doses of 5 to 10 grains three or four times a day. Its action is due to formaldehyde which is liberated by the presence of uric acid. It arrests ammoniacal decomposition, diminishes suppuration, relieves painful urinary tenesmus and is a good preventive of urinary fever, following instrumentation.

In the anæmic and debilitated, tonics are required. In patients, suffering from insomnia and neurasthenic conditions or sexual excitability, it is often necessary to give bromides and opiates.

Local Treatment:

This is necessary and very important. The posterior urethra requires to be washed with some force in order to clean the surface and reach the glands. This is accomplished by means of irrigation, which can be done with or without a catheter. I prefer the soft rubber catheter, as through it the fluid can be injected without exposing the whole urethra to unnecessary painful distention. In recent acute anterior urethritis, lavage without the catheter is advised, but for a chronic, posterior urethritis, irrigation through a recurrent catheter is better, using Silver Nitrate, 1 to 5000. I have used with success solutions of Protargol and Albargin, 1 to 1000, and they have this advantage over Silver Nitrate, that they are less painful.

In the chronic cases, stronger solutions are required, the strength being increased gradually. The medicated fluids should be warm and used about every second day.

In order to heal the eroded and ulcerated patches in the urethra, resort must often be had to instillations of small quantities of concentrated solutions, viz.:

Silver Nitrate ½ to 1% in strength. This may be repeated every third or fourth day. By the use of an electrical endoscope, these spots can be seen and touched up.

To assist in the reabsorption of the infiltrated patches, pressure must be used, which is practiced by means of sounds. The sounds are introduced only once a week, their calibre being gradually increased and they are left in for five to ten minutes. Also grooved sounds may be used in some cases, in which the treatment consists of the use of ointments. Medicated bougies act in about the same way as the salves, but neither are very beneficial.

Electrolysis has been good results in the hands of some, and dilators in the hands of others. If dilatation is used, it must be repeated at intervals of one or two weeks in order to give time to these fissures to heal. The patient may in the meantime continue his injections with a mild solution of Permanganate of Potash and the urethra can be treated with instillations of Silver Nitrate, Protargol, or Albargin until the disease has completely disappeared.

The patient is not considered cured so long as pus or shreds are found in the morning urine, even if gonococci are absent. Some urethral lesions must be present and the discharge may be infectious.

It is the duty of the physician to examine the morning urine a number of times before giving an opinion in regard to marriage. At least one year should elapse after the disappearance of the discharge before patient is allowed to marry.

94 East Adams Ave.

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**French Births and Deaths.**—During the year 1900 the excess of deaths over births in France was 25,998.—(*Exchange.*)

## STERILITY.*

BY HENRY H. COOK, M. D.,
Detroit, Michigan.

At the present time the subject of sterility is receiving considerable attention from the medical profession, and rightfully so, because it has been greatly neglected in the past. It has been stated upon good authority that sterility is rapidly increasing and the principal reasons given for the increase are, the frequent production of abortion, and gonorrhœal infection.

The society life of a woman seems in many instances to be of more importance than home life and if she happens to become pregnant she tries to bring about an abortion rather than complete the term of pregnancy. Later in life this same woman may desire to become a mother, but, owing to the frequent miscarriages of earlier years, soon after conception takes place she aborts.

Gonorrhœal infection is accountable for many sterile marriages, but whether or not this, as a causative factor, is on the increase, I do not intend to discuss at this time. Aside from sterility as the result of these two causes, there are cases which have never miscarried and never suffered from gonorrhœal infection who do not become pregnant. Yet they are very desirous of having children and thus seek the aid of a physician to discover the cause of the sterility and if possible correct the difficulty, that their ambitions of motherhood may be realized.

Among the many etiological factors of sterility we have:

1st. Non-development of the generative organs, the uterus in particular.

2nd. Stenosis of the cervical canal, either as the result of a narrowing of the lumen of the canal, which narrowing may be caused by some displacement of the uterus, either an anterior or posterior version of flexion, or a constriction at the external or internal os, or both.

3rd. Chronic Endometritis.

4th. In women who have borne children, laceration of the cervix is a frequent cause of sterility.

5th. Malformation of the cervix, as an elongation.

The above are the most frequent causes of sterility and hence will receive attention at this time.

The first thing to be done in all cases of sterility is to make a thorough local examination of the generative organs, that the physician may determine if possible the true condition in the case at hand and thus be better able to overcome the difficulty.

At the time of puberty the establishment of the menstrual function marks the starting of a new period in the girl's life. She develops physically and mentally and at the same time we should have a development of the generative organs. But in some instances, from overwork, either mental or physical, or some other cause, this process is stopped and these organs do not mature.

In women who have been married for several years and yet have never conceived, local examination will many times reveal these peculiar conditions of non-development. The uterus is very small, often misplaced, and the lumen of the cervical canal is narrowed. As has been stated, this non-development was probably produced by overwork, which debilitated the patient and the debility produced an anæmia, thus depriving these organs of their proper nutrition. This points out our line of treatment.

We must endeavor in some way to bring about a more perfect nutrition, by increasing the local blood supply. It is in this class of sterile women that electricity plays such an important part in the treatment. With the negative pole of the galvanic current placed in the uterus and the positive or indifferent pole

*Written for the Detroit Medical Journal.

placed on the abdomen, gradually turning on the current until from 10 to 15 milliamperes are reached and then turning the current off and on, by what is known as the swelling method we may dilate any stenose and at the same time increase the local blood supply, thus improving the nutrition.

If there is a coexisting general anæmia, this must receive proper consideration before we can hope to have results from our local treatment.

Stenosis of the cervical canal, due to a displacement of the uterus, must be overcome by correcting this displacement. There are many plans suggested for this, both palliative and operative, but the surgical treatment has not proved as satisfactory as was hoped. The best results are accomplished by stimulating the nutrition by means of the galvanic current, restoring the uterus to a position as near to normal as possible at the time of each treatment and supporting it in place by the use of tampons.

Stenosis due to a constriction of the external or the internal os must be treated by dilating the constriction. This may be accomplished in several ways, either by means of graduated dilators, gradually stretching the constricted portion, rapid dilatation while the patient is under the influence of an anæsthetic, or by the galvanic current of electricity, the negative pole being employed.

The later method is preferable in that it is not painful. No anæsthetic is necessary and the results are more lasting than those from either of the other methods.

Chronic endometritis not only produces a poor soil for the implantation of the ovum, should it become impregnated, but the excessive discharge from the uterus, which is a characteristic of this condition, prevents a possible conception and must be overcome before the woman can become pregnant.

Applications to the endometrium are in some instances of benefit but in others they are useless.

Here again galvanism comes to the rescue. Previously, the dilating effect of the negative pole has been spoken of, but in this class of cases we desire not a dilatation, but rather a constriction of the parts. So we employ the positive pole.

If we do not wish to use electricity we may curette the uterus, and gain the desired result. But this requires an anæsthetic and a rest for the patient of several days in bed, while the electrical treatment requires neither of these and produces equally good results. Laceration of the cervix usually produces an irritation which causes an excessive leucorrhœa and this may prevent conception. But if conception takes place, abortion may follow; and one abortion predisposes to another and may lead to sterility. This can best be treated by repairing the laceration.

Malformation of the cervix, such as an elongation, although a rare condition, is occasionally found and is best treated by amputation of a portion of the cervix.

270 Woodward Avenue.

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**Influenza Complicating the Ear.**—Dr. S. M. Smith, in the *Philadelphia Medical Journal,* says: "'Hæmorrhagic otitis' has long been known as the distinguishing feature of otitic influenza. Mastoid implication is, however, present in all severe cases, a large number of which require operative interference, and meningitis, lateral sinus thrombosis, intracranial and extradural abscesses as sequellæ are encountered more frequently in each succeeding epidemic. It is well to examine the aural discharges for the presence of the bacillus of influenza. As regards treatment and prophylaxis, emphasis is laid on attending to aural complications at the very inception of the attack. Absolute rest in bed, with free diuresis, diaphoresis, catharsis and restricted diet, are followed by local measures, such as hot instillations, not necessarily medicated. Blood-letting in front of the tragus, to be effective, must be early. As soon as the membrana tympani shows any distention it should be incised. Hot irrigations should be followed by thorough drying and insufflation with aristol or nasophen."

## THE SOUP STONE.

BY DR. J. S. SPRAGUE,
Stirling, Ont.

When a lad I often heard my venerable grandmother tell the simple story of the man who traveled through this section of the country, known as the Quinte district. It was then sparsely settled and the first settlers were from the bordering States. The man who thus traveled was financially embarassed and was evidently the possessor of many wiles. Probably he first saw the glimmer of the moon in that State in which wooden nutmegs grow. To relieve his gastric irritability from want of nutrition, this man who traveled announced to the credulous wives his possession of a wonderful soup stone by which, when placed in a pot with additions thereto which he would name, the finest and most nourishing soup would be produced. He added that the cost of the wonderful soup stone was only $5. Such incentives were enough in those days and he usually made his sale very easily, afterwards being invited to "set in," which he did and with Falstaffian appetite. He praised the soup and at the same time complimented the good wife on her good fortune on being the possessor of such a treasure. He then departed in search of others equally credulous; and many such he found.

In due time, remembering that dupes are always at large, and thinking of his successful career among them he resolved, after a month's qualification in a drug store to play the fakir on a still larger scale. With this end in view he mixed one ounce of antifebrin and one pound of Soda Bicarb., called the same XXX and sold it at $1 an ounce. He was thus able to realize a profit of between $12 and $14 on each pound that he sold. The poor misguided doctors—located everywhere—often received pin cushions, blotting pads, pictures and picture-books, calendars and so forth, each of course bearing evidence that *this* remedy was endorsed by a host of M. D.'s, who never read medical ethics and in fact never heard of them. Often some medical journals (some extra good ones) bore full advertisements of XXX and their editors announced—no doubt well paid for their trouble—the superior merits of the said preparation, *ethical* as it was called by the editors and of course by the XXX Pharmacal Co.

The man who sold soup stones in his early life sent his "ethical" compound to every doctor. So kind of him! He also gave some choice prescriptions, one for the ague:

R XXX .....30 grains
Quin. sulph. ..... 2 drachms
Aq. pura ad..... 4 ounces
Sig.—as ordered by the physician.

Another, equally valuable, for indigestions:

R XXX .....20 grains
Pepsin ..... 1 drachm
Bis. Subnit. .....10 grains

Another, equally valuable, for a laxative:

R XXX .....20 grains
Pulv. Rhei. .....20 grains
Aloes Soc. .....10 grains

"Soup Stone" had, or rather has, a relative who was evidently a near connection. He mixed pipe clay in a powder with glycerine and with thymol, we believe, and this ethical preparation recently had its prescription in some very decidedly ethical Journal. Although of recent birth, Antifeverine is well endorsed by many decidedly green M. D.'s The Soup Stone Chemical Co. rejoice and hope that the boys will paste and plaster their patients well; and they are thinking of giving presents of trowels and mortarboards—or shekels—for a good testimonial and liberal purchases.

Soup Stone's brother, way out west many years ago made a fortune by mixing sour beer and aloes, under the name of the Vinegar Bitters Co. The manager, treasurer, secretary and company is now the proprietor of a banking business. Another brother of S. S. also

started a college out west. It was at 9813 Main Street, of course in a large city, and although he was himself educated, a real M. D., he, aided by poor state legislation, started an osteopath, hypnotic, psychological, electro-therapeutic, suggestive college. After a few weeks' study each applicant was granted a degree in several of the subjects named —e. g., D. O., D. Psy. &c, &c. All for the money! The college is on the fourth floor, and the Dr. and two assistants run the show, supported by the state laws.

Whether or not Soup Stone was related to the man who some years ago in Chicago started an "eclectic state medical college" we do not know. A fee from $25 to $50 was charged for a degree of M. D. and many of the *alumni* from this and similar institutions are now recommending in medical journals ethical (quack or patented) preparations of which they can know nothing. Ethics are not studied at such "schools."

Soup Stone, his brothers and his cousins—all fakirs—are spending, it is said, $100,000,000 yearly in making and advertising their goods, and their colleges, in so-called legitimate medical Journals, and newspapers. They spend thousands yearly on free samples, ink pads and so on, and in securing the endorsement of educated and intelligent men who do not take time, however, to reflectthat they are being duped or swindled, just as much as the poor housewife.

Moral. Cave Canem: Follow your own materia medica or publicly play the quack by using preparations of whose composition you know nothing.

Stirling, Ont.

[Dr. Sprague added the following postscript to this article, which we reproduce: "An article quite similar to this appeared recently in the *Wisconsin Medical Recorder* of Jonesville. As the writer, Dr. Parkyn, was born evidently in the same section as is named in my article, no doubt exists but that he in early years heard the narrative of the soup stone. This article was written, strange to tell, before I ever saw his article on this subject. Great minds sometimes move in the same channel synchronously. J. S. S."—Ed.]

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**Roentgen Ray in Sarcoma.**—Dr. W. A. Pussey, in *Journal of American Medical Association*, makes strong recommendation for the use of the X-ray in inoperable cases and also as a prophylactic against recurrence in patients who have been operated on. He reports a case in which a clinical and pathological diagnosis was made of a small round-cell sarcoma of the neck. Operation was done, but shortly afterward a similar tumor appeared on the other side of the neck. X-ray exposures were tried for twenty-one days, with a hard tube and a weak light, about 5 cm. from the surface and for from ten to fifteen minutes at a time. Toward the last a pronounced dermatitis developed; the exposures were then stopped. Within ten days of beginning treatment, the tumor had shrunken and motion was freer, and when the exposures were discontinued only a small (almond-sized) gland remained, freely movable and painless. Up to date (Jan. 12, 1902) no change had taken place. In a second case, one of osteosarcoma of the shoulder, far advanced and accompanied by profound cachexia, no improvement was noticed except relief from pain. In a third case of inoperable sarcoma of the pectoral muscles and the shoulder, a like result was observed. Both patients were evidently beyond the reach of any form of treatment. In two cases of Hodgkin's disease which were subjected to a series of X-ray exposures it was found that the further growth of the enlarged glands was inhibited and they themselves became reduced in size.

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**When the Hair Falls.**—*La Médecine Moderne* recommends:

(1) Formaldehyde (40%).....7.5 minims
Pilocarpin nitrate..... 30 grains
Tincture of cantharides
Tincture of jaborandi } of each, 1 ounce
Tincture of nux vomica
Compound spirit
turpentine } of each, 1½ ounces
Spirit of lemon

(2) Formaldehyde (40%)..... 4 minims
Chloral .....22 grains
Methyl alcohol..... 3 ounces

[L. F. A.]

## THE EXAMINATION OF THE BLOOD AS AN AID TO DIAGNOSIS.

BY JOSEPH SILL, M. D.

In bringing the subject of blood diagnosis and blood pathology to your attention this evening, a few introductory remarks on the technique of the blood examination seem to be not out of place. The blood examination consists of several procedures:—

1. The examination of the fresh blood.
2. The count of the red blood cells.
3. The count of the white blood cells.
4. The hemoglobin estimation.
5. The examination of stained specimens.
6. The examination for parasites.
7. The determination of the color index.

In order to obtain the blood for microscopical examination, the lobe of the ear, or the tip of the finger is usually selected. The point selected for the puncture is carefully cleansed and with a lance pointed instrument, a puncture deep enough so that a few drops of blood will flow freely without squeezing the part is made. The first drop is wiped away and those following are available for examination.

1. For the examination of the fresh blood, a drop is picked up on the center of a cover-glass, which is then laid onto a slide, so that the blood spreads out in a thin film between the slides and the cover-glass. If the preparation is to be examined immediately this is all that is necessary. If it is to be kept some time before examination it may be sealed with cedar oil or vaseline to prevent contact with the air. The examination of the fresh blood shows us the rapidity of coagulation, and the amount of fibrin formed during that process. It also gives us an idea of the size, shape and general condition of the red blood cells.

2. The count of the red cells is made by means of the Thoma-Zeiss hemocytometer. This consists of a pipette, in which a small amount of blood can be diluted to a known degree, and a counting chamber which will hold a known amount—1-10 of a cubic millimeter of the diluted blood. By a very simple computation, knowing the degree of dilution and the amount of blood in the counting chamber, the number of red cells in a cubic millimeter of blood can be determined.

3. The count of leucocytes is made in the same way, using a much lower dilution, and a diluting fluid that renders the red cells invisible.

4. The hemoglobin estimation can be made in several ways. Perhaps the two most methods are by the von Fleischl hemoglobinometer and the Hammerschlag specific gravity method. The von Fleischl instrument consists of a pipette holding a definite quantity of blood, a chamber in which the blood is diluted, and a wedge of red glass, the color of which can be compared with the color of the diluted blood by the reflected light of a candle. The glass wedge is graduated, so the percentage of the normal amount of hemoglobin can be read from a scale. The value of the specific gravity method depends on the fact that except in some dropsical conditions variation in the specific gravity of the blood depends on variation in the amount of hemoglobin present. In making the test one uses a urinometer that is graduated preferably between 1000 and 1070. A drop of blood is suspended in a mixture of benzole and chloroform. Blood is not miscible with either of these fluids, so the drop floats suspended. Chloroform being much heavier than the blood, and benzole much lighter, by varying the proportion of the two fluids, one can obtain a mixture that is of such specific gravity that the drop of blood will neither rise to the surface, nor sink to the bottom, but will float at any point in the test tube. When this result is obtained, the specific gravity of

the mixture of benzole and chloroform is the same as that of the drop of blood, and the specific gravity of the blood can be obtained by taking that of the mixture in which the blood is suspended.

5. The study of the stained specimen gives us perhaps more information than any other one procedure of the blood examination. It shows us the general condition of the red blood cells, shows whether nucleated forms are present or not, and permits a differential count of the leucocytes. This is most important, for by it several conditions in which there is a large excess of white cells, can be differentiated. There are three combinations of stains which are used perhaps more than any others. They are:

1. The hematoxylin-eosin combination.
2. The methylene blue-eosin combination.
3. The Ehrlich tri-acid stain.

Methylene blue and eosin, or hematoxylin and eosin give a good contrast stain, the red cells being stained pink, and the nuclei of the leucocytes violet with hematoxylin or blue with methylene blue. Methylene blue also stains the basophilic granules. Ehrlich's tri-acid stain is a combination of Orange G, Methyl Green and Acid Fuchsin. The red cells are stained with the orange, the nuclei of leucocytes are stained green, neutrophile granules violet, and oxyphile granules red.

6. In regard to the examination of the blood for parasites, it is only necessary to mention that the malaria plasmodium, the filaria sanguinis hominum and some bacteria are sometimes found in the blood.

7. The color index is determined by dividing the hemoglobin percentage by the percentage of the normal number of red cells present. In the normal blood each red cell carries a certain amount of hemoglobin. This amount is represented by the figure 1. That it to say, with 5,000,000 red cells to the cubic millimeter, and 100% of hemoglobin—the normal amount is considered to be 100% —the amount of hemoglobin carried by each red cell is represented by 1. Now, if the red blood cells are reduced to 3,000,000, or 60% of the normal number, and the hemoglobin is reduced to 60% of the normal, then each red cell still carries the amount of hemoglobin that it did in the first instance, or the normal amount, and the color index is still 1. However, if the red blood cells are reduced to 3,000,000, or 60% of the normal number, and the hemoglobin is reduced to 30% each red cell carries only ½ the normal amount of hemoglobin, and the color index is 0.5. Now, if the red cells are reduced to 1,500,000, or 30% of the normal, and the hemoglobin percentage is 60, then each cell carries twice the normal amount, and the color index is represented by 2. The color index represents the proportion of the normal amount of hemoglobin carried by each red cell, and has nothing directly to do with the reduction of red cells, or the reduction in hemoglobin, but is dependent entirely on the relation between the two.

The most obvious opportunity for applying these facts to clinical uses is in the differential diagnosis of the several blood diseases. I should like to consider briefly seven disease conditions, and will try to show the value of the blood examination in distinguishing them. They are:—

1. Secondary Anemia.
2. Chlorosis.
3. Pernicious Anemia.
4. Spleno-medullary Leukemia.
5. Splenic Anemia.
6. Lymphatic Leukemia.
7. Hodgkin's Disease.

These diseases fall naturally into three groups as regards symptomatology, as follows:—

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|---|---|
| Group I. | Secondary Anemia. |
| | Chlorosis. |
| | Pernicious Anemia. |

Group II. Spleno-medullary Leukemia.
Splenic Anemia.
Group III. Lymphatic Leukemia.
Hodgkin's Dicease.

I have no intention of speaking of the etiology, pathology or treatment of these conditions. I merely want to glance at the smytomatology, showing its similarity, and granting at the outset that there are differences in history and course, particularly in the diseases of the first group, that in typical cases will often serve to distinguish them. On the other hand the differences are only relative and often do not distinguish, and our most reliable knowledge is derived from the blood examination.

Considering the diseases of the first group, we find that all three are characterized by pallor, muscular weakness, by dizziness and faintness on exertion, and by gastro-intestinal disturbances. We find in all three conditions hemic murmurs, perhaps precordial pain, dilatation of the heart, fatty degenerations in the various organs, in fact all the evidences of defective oxygenation. We find that in the two primary anemias the panniculus is well preserved, and although the muscles are flabby, still the patients do not show marked evidence of emaciation. Of course in secondary anemia, the condition of general nutrition is dependent on the cause producing the anemia.

Let us now consider the second group of diseases, splenic myelogenous leukemia and splenic anemia. Both of these conditions are characterized by great enlargement of the spleen, pallor, gastric hæmorrhage, weakness, faintness, and all the symptoms that go with a moderate degree of anemia, and an enlarged spleen. I think without the blood count these two conditions are not to be distinguished.

Turning to the third group, lymphatic leukemia and Hodgkin's disease, we are confronted by the same condition of affairs. Both diseases are characterized by practically the same train of symptoms. Both show a general enlargement of the lymphatic glands which do not tend to caseation or suppuration. Both are characterized by the symptoms of a moderate anemia.

Cabot says, speaking of Hodgkin's disease, "The diagnosis of the disease is impossible without the blood count. Its pathology is identical with that of leukemia, and even in post mortem the two diseases are indistinguishable so far as the lesions outside of the blood are concerned. Yet the blood is in no way peculiar but presents in most cases all the characteristics of the normal tissue. Its value is as negative evidence, telling us in a given case that leukemia is absent even though all the other signs and symptoms may be those of leukemia."

In Byrom Bramwell's book on Anemia, in speaking of the differential diagnosis of Hodgkin's diseases from leukemia, he says, "There is no difficulty in distinguishing typical and uncomplicated cases of leucocythemia (whether of the splenomedullary, or lymphatic variety) on the one hand, from typical and uncomplicated cases of Hodgkin's disease on the other. The distinction is at once made by a microscopical examination of the blood; for in typical and uncomplicated cases of Hodgkin's disease, the white blood corpuscles are only slightly, or not at all increased in number.

"Further, even in those cases of Hodgkin's disease in which the white corpuscles are increased, there is usually no real difficulty in diagnosis. The distinguishing point is the different character of the white corpuscles which are present."

Indeed, Bramwell goes so far as to discuss the two forms of anemia under one heading, and the impression left after reading his chapters on "Leucocythemia" and "Hodgkin's disease" is that the distinction between the four diseases.

spleno-medullary leukemia, lymphatic leukemia, splenic anemia and Hodgkin's disease is very hazy without the knowledge gained by microscopical examination of the blood.

Let us now see what the blood has to show in these several conditions.

The blood in secondary anemia shows a reduction of the hemoglobin, sometimes to 10—15% of the normal. There is a reduction in the number of the red blood cells, which may be marked to 1,000,000, but which as a rule runs nearly parallel to the reduction of hemoglobin, leaving the color index usually but little decreased.

The red cells are as a rule not much deformed, although in severe cases there may be some poikilocytosis. Nucleated red cells are not found except in severe cases, and when present are usually of the normoblast type. Nucleated cells of large size—megaloblasts—may be found in small numbers, and those of small size —microblasts—may also be present.

Cabot speaks of secondary anemia as of four grades of severity. The blood changes are summarized as follows:—

The changes characteristic of mild cases:—

a. Lack of hemoglobin.

b. Lowered specific gravity.

The changes characteristic of moderate cases:—

a. The above, and

b. Necrobiotic changes of Maragliano, which include

1. Endoglobular changes.

2. Poikilocytosis and crenation.

3. Changes in staining properties.

4. Changes involving motility in the corpuscle as a whole or in parts of it.

5. Decrease in average diameter of corpuscles, with loss of power to form rouleaux.

The changes characteristic of severe cases:—

a. Lack of red cells.

b. Presence of normoblasts, and the above.

The changes characteristic of very severe cases:—

a. Megaloblasts and the above.

In chlorosis we have quite a different picture. The red blood cells are but slightly reduced in number as compared with the reduction in hemoglobin, giving the low color index characteristic of the disease. Changes in the red cells are not marked except in very severe cases, and nucleated red cells are rarely found even in cases of great severity. Cabot summarizes the differences between the blood in the secondary anemias and chlorosis, as follows:—

a. The red cell are more apt to be uniformly undersized and undercolored in chlorosis, while in secondary anemia we more often find normal cells among the diseased ones.

b. The color index may be lower in chlorosis than is common in secondary anemia, and this lowering is more constant in chlorosis.

c. Lymphocytosis, which is very common in chlorosis, is not so common in secondary anemia.

d. Nucleated corpuscles are less common in chlorosis than in anemia secondary to malignant disease.

e. Coagulation is rapid in contrast to the very slow clotting of pernicious anemia and of many secondary anemias. Yet fibrin is not increased.

Pernicious anemia again shows quite a different condition. The red cells are much reduced in number—more so than in any other disease—often to 1,000,000 and sometimes lower. The hemoglobin as a rule is not so much diminished as the reduction in red cells would lead us to expect. The color index is consequently above normal, sometimes markedly so. The red cells vary much in size and shape. Megalocytes and microcytes are common. Endoglobular degenerations

and changes in the staining properties of the red cells are often met with. Nucleated red cells are common, and are of all types, the megaloblasts often predominating over the other forms. The white cells are reduced in number, and a small number of myclocytes may be present.

Cabot summarizes the changes as follows:—

1. Red cells about 1,000,000 per cubic millimeter.
2. White cells much diminished.
3. Hemoglobin variable, sometimes increased relatively.
4. Deformities in size and shape of red cells in many cases.
5. Increase in average diameter of red cells.
6. Polychromatophilic red cells.
7. Megaloblasts more numerous than normoblasts.
8. Lymphocytosis.
9. Small percentage of myelocytes.

Cabot considers the most important of these changes to be the following:—

1. The reduction of red cells to about 1,000,000 per mm.
2. Great diminution of white cells.
3. Increase in the average diameter of red cells.
4. Preponderance of megaloblasts over normoblasts.

Byrom Bramwell considers that there is deformity in size and shape of the red cells in all well marked cases. He thinks that the average size of the red cells would not be increased if the small cells were included in the calculation. He has not always observed the preponderance of megaloblasts over normoblasts. He adds the following to the changes characteristic of the disease:—

10. Marked defect in rouleaux formation.
11. Marked tendency for hemoglobin to be concentrated in localized parts of the red corpuscles, giving an appearance of apparent nucleation.
12. Presence in many cases of truly nucleated red corpuscles.
13. Diminished stability of the hemoglobin.
14. Great frequency in well marked cases of microcytes often of very minute size, from mere points up to the average sized red corpuscle.
15. The occasional presence of deeply stained microcytes (Eichherst's corpuscles.)
16. Blood plates usually diminished in number, and in some cases markedly so; and the fibrin network less quickly formed, and less dense than normal.

Splenic anemia and Spleno-medullary leukemia are, I believe, not to be distinguished without the blood examination—and at this point the similarity between the two conditions ceases. The blood in splenic anemia shows merely the characteristics of a secondary anemia of more or less severity, while leukemic blood is characteristic. In no other disease are the white blood cells so enormously increased—on an average to about 450,000 per cubic millimeter. Of this enormous number of white cells about 37% are myelocytes, cells which are not to be found in normal blood. Nucleated red cells are very numerous, even when evidences of anemia are absent. Both normoblasts and megaloblasts are found but the former usually largely predominate over the latter. This makes a blood picture that is not simulated by any other condition.

Lymphatic leukemia and Hodgkin's disease are also, I believe, indistinguishable without the blood count. Here again the evidence gathered from the blood of Hodgkin's disease is negative. The blood is either normal, or shows the changes characteristic of a secondary anemia. The blood of lymphatic leukemia is characteristic of the disease. Again the white cells are enormously increased, although not to the extent common in the spleno-medullary form of leukemia. The curious and characteristic thing about

this increase is that usually over 90% of the leucocytes are of the lymphocyte type. The red cells are more markedly reduced than in spleno-medullary leukemia, and nucleated forms are by no means as common.

It is to be noted that the increase of white cells in the two forms of lukemia is easily distinguished from an ordinary leucocytosis, which may also markedly increase the number of white cells, by the character of the cells, which in a leucocytosis are largely of the polymorphonuclear variety, and in the leukemia are made up on the one hand largely of myelocytes—which are absent from normal blood, and on the other hand of the mononuclear variety.

It is a temptation to speak of the value of the blood examination as an aid in the differential diagnosis of other diseases, but time will permit only the merest mention of one other condition—leucocytosis.

Leucocytosis is peculiar to no one condition, and is present in many. It is found in many infections, especially in suppurative conditions, after hæmorrhage, after poisoning with several substances, often in malignant disease, especially in those cases in which the tumor is rapidly growing, and when metastasis is taking place.

Its presence is dependent on two factors:—

1. The severity of the exciting cause.
2. The resistance of the individual.

If the exciting cause—infection, for instance—is very mild, there will be no leucocytosis. If the infection is severe, and the resistance of the individual is poor, there will be no leucocytosis. If the infection is severe, and the resistence of the individual is good, leucocytosis will be present. If the infection is so severe as to overwhelm all resistance, again there will be no leucocytosis. This is of some prognostic value, for the absence of leucocytosis is a bad sign except in obviously mild cases, while its presence is neither good or bad, merely meaning that the patient is putting up a good fight for life.

I will close with the mention of a few instances in which the presence or absence of leucocytosis is of some diagnostic value.

In general suppurative conditions may be distinguished from those in which there is no pus formation by the presence of leucocytosis in the former and its absence in the latter, as for instance, pus tube from ovarian neuralgia, and appendicitis from colic with constipation.

Typhoid fever may be differentiated from obscure cases of pneumonia or appendicitis by its absence in the former, and its presence in the two latter diseases.

It may be of service in distinguishing scarlet fever, which shows it, from measles, which does not.

One can often get some idea of the rapidity of the growth of a malignant tumor, and of the presence or absence of metastases by the amount of leucocytosis present.

Obscure cases of malignant disease can often be distinguished from pernicious anemia by its presence in the former, for in those cases in which the blood in malignant disease resembles that of pernicious anemia, leucocytosis will be present in the malignant disease, while pernicious anemia shows just the opposite condition—leucopenia.

Detroit, Mich.

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**Knee-jerk in Chorea.**—Dr. Gordon, in the *British Medical Journal,* has described a modification of this spasmodic movement, common in chorea. It is his experience that when the disease is present, and the knee-jerk is tested in the usual way, the foot sometimes rises smartly, but falls slowly back to the initial position, after remaining suspended for some time. When this condition is found, Dr. Gordon regards it as peculiar to the disease.

DETROIT MEDICAL JOURNAL

A CONCISE MONTHLY
EPITOME OF PRACTICE AND THERAPEUTICS.

WALTER C. BOYNTON, Manager.

—ISSUED BY—

THE DETROIT MEDICAL JOURNAL CO.,

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DETROIT, MICH., MARCH, 1902.

With this issue, the DETROIT MEDICAL JOURNAL completes its first year of existence. It therefore takes what seems to be a fitting opportunity to extend its thanks to the members of the profession who have been the means of enabling it to attain this respectable and, we hope, respected age. The lines upon which the JOURNAL was laid down have been carefully followed in the upbuilding and we can say conscientiously to the profession that the pledges made in the salutatory of the April, 1901, issue have been carried out.

The reading matter has in the major part been made up of original and modern contributions, placing before the profession the views of men carefully trained in the subjects on which they write; we have received support from the very men upon whom we depended to make the JOURNAL a success. The list of regular subscribers, always an important consideration to the management of any publication, has grown steadily and we can now feel that we have at least a foot-hold in the esteem of the profession. It shall be our endeavor in the future, as it has been in the past, to merit and obtain a stronger hold upon the men who want original, concise, practical articles on subjects of interest. We have catered to no school and to no cult. Our policy is to do our utmost to secure for the practice of medicine the recognition it deserves, at the same time taking a strong stand against the irregular practice of medicine as carried on by the adherents of strange ways and followers after strange gods. It shall continue to be our policy.

The advertising side of the publication has been made to adhere strictly to the principles as first announced by the JOURNAL. We have carefully excluded advertising of a nature that could give offense to a physician or surgeon; we have endeavored to provide in the advertising columns, as in the columns of reading matter, information that was not only interesting but authentic and reliable.

If the lines upon which the JOURNAL has completed its sometimes difficult first year meet with your approval of the profession, we shall have done what we purposed doing. And now we desire to urge upon you, doctor, the *necessity of your subscription,* if you are not already a subscriber. We want to have every member of the profession take a live interest in us. And we believe rightly that the man who takes the greatest interest in a publication is the man who subscribes to it—and pays his subscription.

Again we extend our sincere thanks to the men who have helped us make both departments, reading matter and advertisements, helpful. We shall try to keep them in a constant state of value to those who support us.

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## WAR ON QUACKS.

What promises to be the first council of a war of extermination against the men who are practicing medicine in Detroit without having complied with the proviisions of the Chandler act has already been held in Detroit. Physicians of the city have held a meeting, appointed committees and enlisted the assistance of the police justices and the prosecuting attorney of the county, to aid them in forcing the illegal practitioners to either comply

with the law or discontinue the practice of medicine.

The meeting was held at the Hotel Normandie on the evening of March 3, and representatives of the Wayne County Medical Society, the Detroit Medical Society and the Homeopathic Society were in attendance to discuss ways and means. Dr. Frank D. Summers, Dr. George A. Kirker and Dr. G. W. Moran represented the Wayne County Society, Dr. E. L. Shurly, Dr. Hiram A. Wright and Dr. Louis Hirschman were from the Detroit Medical Society, and the Homeopathic Society was represented by Dr. Harold Wilson, Dr. E. J. Kendall and Dr. B. H. Lawson. Dr. Beverley D. Harison, of Sault Ste. Marie, secretary of the state board of regestration in medicine, has promised his co-operation in every way to the joint committee, and with both the law and popular feeling on their side the legal practitioners should be able to make it disagreeable and ultimately impossible for unqualified men to practice in the state. The provisions of the law are entirely just and no hardship is worked to any capable man. Everyone who has a moral right to practice is given a legal right by the law.

The physicians have taken the only sensible and efficacious way to stamp out illegal practice. No one is better qualified than a physician in practice to obtain evidence against men who are breaking the law by practicing without right; and the fact that the medical organizations have taken up the matter jointly speaks volumes for the strong feeling existing in the profession. If the law is good, it should be enforced; if it is bad and calculated to work injury to innocent persons, it should be enforced all the more, that its weak points, if any, may be determined. And the only way to have the law enforced is to bring up cases against those who are thought to be breaking it. This it should be the duty of every reputable practitioner to do.

## COMPETITION.

In these days of competion in business affairs, every branch of industry is affected. Even the materials used by the physician and the surgeon feel the influence and suffer from it to some extent. It is now no uncommon thing to receive from some large drug house a catalogue of drugs in which the prices of the raw material quoted are actually higher than are the prices quoted for some combination of drugs in tablet or pill form. The question naturally arises as to the possibility of a manufacturer putting upon the market a tablet containing a dollar's worth of medicine and sell it for eighty cents. It makes people skeptical of the good faith of the manufacturer. Leaving out all question of the value of the labor expended on the product—scarcely a negligible quantity—and the cost of packing, advertising and shipping—another large factor in the price of tablet goods—it seems strange indeed that a business house will follow out a suicidal business policy in selling goods for less than actual cost.

The fact that large drug houses continue to do business at apparently a profit goes far to prove that something is wrong somewhere. The possibility of the quotation on the raw material being too high is a remote one, for competition in obtaining drugs is as keen as that which prevails in the sale of goods manufactured from the drugs. The most reasonable solution of the problem appears to be that drugs of inferior quality are often used. And this would be to the disadvantage of the practitioner and his patients as well.

The surgeon, too, feels the result of a strong competition. With the introduction of bichloride as an antiseptic and need of first-rate instruments is becoming more and more imperative. It is not uncommon for a surgeon to return a knife or other instrument to the manufacturer on the ground that it has not retained its edge or that it has given way under strain

imposed upon it in an operation. The defense of the manufacturer will usually be that the instrument has been so thoroughly sterilized by the bichloride that it is impossible to tell whether the injury resulted from the poor quality of the metal of from the action of the antiseptic.

The imported knives are made better because labor is cheaper abroad and because manufacturers can obtain a higher price for the finished article. The raw material in America is as good as it is anywhere, but competitive conditions are such that something has to be sacrificed to enable the manufacturer to sell his instrument at a fair profit. So long as competition continues to play as important a part in the manufacture of physicians' and surgeons' supplies as it now does, so long will the profession suffer from inferior articles.

### LIBRARY COMMITTEE REPORT.

The Library committee of the Detroit Medical Society, composed of Dr. Delos L. Parker and Dr. Homer E. Safford, has been printed and shows that much interest has already been aroused in the library among the members of the profession. Since the first day of 1901 there have been 59 volumes of medical works added to the library, comprising volumes that have been acquired either by gift or purchase. Detroit physicians have donated 66 medical journals, comprising works in English, French, German and Italian, and medical and chemical periodicals to the number of 24 have been furnished by the library itself. Publishers have donated monthly periodicals to the number of 23, among them being the DETROIT MEDICAL JOURNAL, and the committee expresses the hope that continued interest may be shown in the matter of book donation by those who are able and willing to provide volumes for the library. A telephone is maintained by the society at the medical reading room and the committee calls especial attention to this feature as it enables a practitioner to keep "in touch with his work as truly as at his home."

## EDITORIAL NOTES

Dr. Küssing, of the Ebbendorf hospital, Hamburg, Germany, has been at work for some time past on the preparation of a work on Roentgen ray photography, which it is thought by those familiar with the subject will be an unusually interesting and valuable one. Dr. Küssing has, since the application of the rays to medical photography, taken a lively interest in work of this nature and his position at the hospital has enabled him to do much along this line. His book is to be published shortly and will contain some shadowgraphs of the circulatory system which will be very interesting to students of electro-photography. We hope to be able to present a reproduction of one of these plates to our readers in the near future.

### DR. WILLIAM R. HANES.

On Monday, March 3, Dr. William R. Hanes, one of the house physicians at Harper, died of blood poisoning, contracted at an autopsy performed a week before. A small abraded spot on one of his fingers permitted a fatal infection and he failed in spite of the best care his fellow practitioners could give him. The dead man was only 25 years of age and graduated from the Detroit College of Medicine with the class of 1901. His special skill in surgery, already manifest, made him a valuable house surgeon and he had gained the respect and affection of those with whom he came in contact in the discharge of his duties.

Dr. Hanes was the first physician at Harper to die in the discharge of his hospital duties and subscriptions are being taken up to erect a tablet to his memory.

His home was in Windsor, where his father, Charles S. Hanes, is engaged in the lumber business. Besides his father, a mother, two brothers and a sister survive Dr. Hanes.

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Efforts are being made to raise a fund for the establishment of a hospital bed at the Detroit free dispensary for women and children and the public has been asked to contribute. A meeting of the members of the dispensary was held on March 4 and the following officers were elected: President, Dr. Florence Huson; Secretary and treasurer, Dr. Alice Starring; Directors, Dr. Harriet L. Hawkins, Dr. Lucy J. Utter, Dr. Margaret A. Fleming and Dr. Adeline E. Gurd.

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**Drugs and Medical Practice.**—Dr. John Madden, writing in *American Medicine*, says:

"It is perfectly safe to state, as a general proposition, that the more exact our knowledge as to the cause of a disease, the fewer the remedies we will employ in treating it. The nearer we can strike an effective blow at the source of the disease the less will be our need for giving drugs, and if it be made possible for us to destroy these minute enemies of man before they can effect the invasion of the human body, we shall have no need of medicines at all to treat this class of diseases. Let us but consider the effects in this direction which have been wrought by the discovery that the mosquito is also the disseminator of yellow fever. Petroleum to destroy the germ carrier, and mechanic appliances, such as wire and cloth mosquito-netting screens to protect the body from bites, will take the place of the unlimited pounds and gallons of drugs which were formerly used in every epidemic of this dreaded scourge. Just glance over the pages of any comprehensive Practice of Medicine published 15 or 16 years ago, and note the drugs used in, or recommended for, yellow fever—emetics, purgatives, sudorifics, ipecac, castor-oil, calomel, the salines, jaborandi, mustard, quinine, as much as 20 grains at a single dose, with a half drachm of tincture of opium; mucilages, linseed, slippery elm, gum arabic, opium, potassium bromide, chloral, external applications of ammonia, camphor and common salt, embrocations of turpentine, gelsemium, digitalis, aconite, veratrum viride, ergot, turpentine (internally), gallic acid, tincture of chloride of iron, sodium bicarbonate, morphine, creasote, seltzer, apollinaris, champagne, chloroform and cantharides. This is a formidable list, but who shall say that any one of them has not fulfilled some purpose and been of some use when intelligently given? At any rate, the profession will look with small favor upon the therapeutic nihilist who is disposed to sneer at the physician who relies upon drugs in the absence of other things.

"Whatever future discoveries and inventions may bring forth, the total abolition of drug giving is very remote—as remote as the time when man shall cease to infringe the laws of health and chastity, and to beget degenerate offspring. Iron and other tonics, drugs for the abolition or assuagement of pain, drugs for relief of nervous irritation and for promotion of sleep, artificial digestive ferments, eliminatives for him who has gorged himself with more food than his organism needs, will be used until the advent of the millenium.

The mere giving of drugs is a very unimportant part of the physician's duties. When he gives fewer drugs he will understand thoroughly the action of those which he does give, selecting each with that precise judgment which can be obtained only from a most thorough knowledge of diseased conditions, and which requires a thorough and exact scientific training. Perhaps the average layman will some day learn the importance of giving his physician the task not of merely making him well, but of keeping him from becoming ill; not of administering drugs to him, but of so judiciously advising him that his need for drug-swallowing shall be decreased tenfold."

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**Vaginitis.—**

℞ Resorcin, gr. ..... lxxx
Acidi salicylici, gr. ..... viij
Betanaphtholi, gr. ..... j
Aquæ, q.s. ad. ..... ℥viij

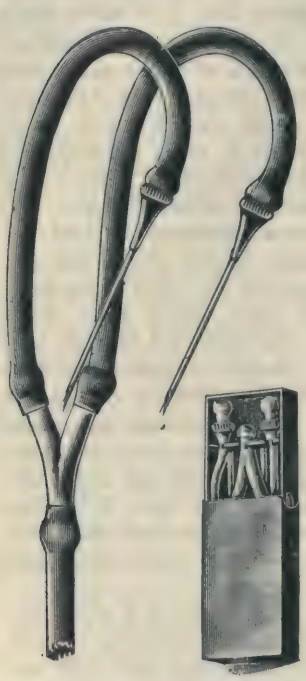
M. Sig.: Add one tablespoonful to a quart of warm water and use as a douche.

—(*Journal of the American Medical Association.*)

# NEW INSTRUMENTS & DEVICES

## SALINE APPARATUS.

The accompanying cut illustrates a form of a device for the administering of the saline solution which is unusually handy and compact, while its price brings it within the reach of many who do not care to make an elaborate investment for an article of this nature. With the device in his emergency bag the physician is ready for saline work or for transfusion. Every house contains a fountain syringe nowadays and this, after being rendered sterile, is used as the container for the solution, the Y-piece attached to the needle-tubes easily slipping over the tube of the syringe. The article illustrated takes up practically no room, is thoroughly well made, easily rendered sterile and is a ecessity to the physician who includes the administration of saline solutions in his practice. It retails for $1.25 complete.



## ELECTRIC CENTRIFUGE.

The specialist in analysis can not do without a centrifuge of some kind and for a man who has much of this kind of work to do the device illustrated herewith, with electricity as its motive power, is a great convenience and practically a necessity. Hydraulic centrifuges have undoubted advantages over the old method of turning a crank with one hand with as nearly a uniform speed as possible. The advantages of centrifugal analysis are too many and too well known to bring before the attention of the profession at this time, and the question for the practitioner to determine is, how may he secure the most complete precipitation in the shortest time. The old hand method had many undoubted disadvantages; the hydraulic is of use in cases in which electric power is not easily and immediately available; but the electric centrifuge furnishes the easiest and best method for making analysis of urine, blood and sputum. Milk and water are easily analyzed by the same centrifugal method, the examiner being sure of a complete precipitation without labor on his part.

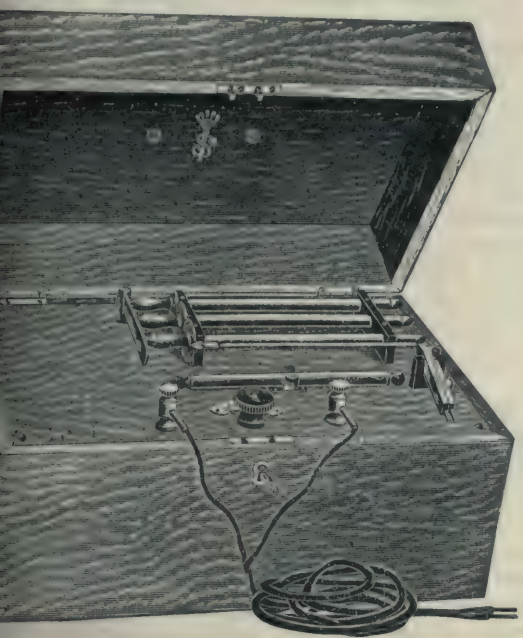
The tubes in the device here shown are mounted on a handsome stand with nickel-plated fittings and binding-posts. It is a convenience and a necessity and it retails to the profession for $30.00.

## CHETWOOD URETHRESCOPE.

For direct illumination of the urethra, this instrument embodies all the features essential to a direct examination and the simultaneous use of instruments. In the end of a metal stem is fitted a small incandescent lamp which gives out a bright light without at the same time producing a great amount of heat. A feature of the battery which supplys light for the lamp is the fact that it will glow the lamp for at least 150 to 200 operations and when it is exhausted a new battery or set of batteries can be put in place at very small expense. The lamp carrier is so constructed that burned-out lamps are readily replaced.

The lamp itself is held by the carrier in such a way by means of a small attachment handle that the lamp and the carrier itself are held closely against the inner wall of the endoscopic

tube, interfering as little as may be with the clear view of the operator or examiner. In the handle is a small switch, controlling the battery. The whole apparatus is handsomely finished, with a polished oak case, containing four dry cell batteries and a rheostat, so that the



amount of current can readily be regulated by the operator. An extra lamp and connecting cords are also furnished. The whole outfit costs $25.00, with $1.25 for extra lamps and the same price for a set of four extra batteries.

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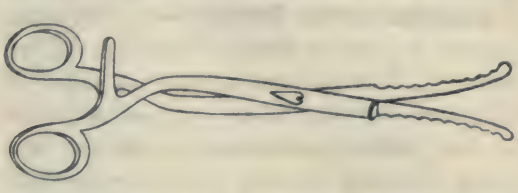
## VENTRO FIXATION FORCEPS.

For this not uncommon operation, the instrument illustrated in the accompanying cut will be found of great value to the operator. There are many objections to the use of the sounds, necessitating an assistant for the operation; and to the use of the upper and lower elevators, necessitating an uncomfortably large incision. With this forceps the operation becomes almost simple. The instrument is made of copper and is bent in such a position that when and held by the hand of the operator the uterus is held in its proper and normal position.

By compressing the handles, the instrument is fixed in the uterus and cannot fall out, while the shoulders on the blades prevent too deep an insertion. The uterus is raised to the abdominal wall in its normal position and the exact point at which the incision is to be made can be easily determined by feeling with one hand on the abdomen to see where the end of the forceps comes. It is then a simple matter to make the required incision and take the stitches needed, the uterus in the meantime being held with ease by the forceps while its surface is granulated. The inventor of the instrument which is absolutely new, has used it



with marked success in a number of operations recently and says without preiudice that it is the best device for securing ventro fixation that he has yet seen. The instrument is manufactured in Detroit and it retails to the profession for $8.00.

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**Heroin.—**

This is a derivative of morphine (Diacetyl-morphine hydrochloride) had in white crystalline powder, incompatible with alkalies, soluble in water, and possessed of the properties, greatly exalted, of codime. Since its introduction in 1899 it has steadily grown in favor, and latterly has assumed rank as the most valued remedy in the alleviation of the distressing symptoms that obtain to pulmonary maladies. Its beneficent effects are well marked in acute and chronic bronchitis, bronchial asthma, pulmonary emphysema, whooping cough and the inimical respiratory symptoms that often accompany *la grippe*. It is a veritable boon to phthisical and tubercular patients —and here is manifested its greatest field of usefulness—in whom it readily allays cough and dyspnœa, stimulating respiration, quieting the nerves and promoting sleep. It soothes without narcotism, and acts as an analgesic without becoming markedly depressant. Dose from 1-25 to 1-5 grain, or hypodermatically from 1-75 to 1-25 grain.

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**Cerebro-Spinal Meningitis.**—Of sixty cases investigated, fifty-seven were found to have their origin in long exposure to dust. Dust is the natural vehicle for the *Diplococcus intracellularis meningitides.*—(*British Medical Journal.*)

# THERAPEUTIC BREVITIES

**Luxation of the Testicle.**—M. Parizeau records a curious case of luxation of the testicle. The patient, a man 64 years of age, was working at an excavation when he was buried in a mass of *débris*. On being released, he was almost asphyxiated, and the subject of many contusions. On recovering from a semicomatose condition, he complained of intolerable pains on the left side of the thorax, which were only partly relieved by the discovery and treatment of three fractured ribs. He suffered much from shock, being pale, with a rapid and feeble pulse, frequent and painful respiration, and repeated and prolonged vomiting far into the night. Active stimulation had ameliorated his condition by morning, when he was first seen by Dr. Parizeau. About a fortnight later, the patient drew the doctor's attention to a soft, regularly oval, almost painless swelling on the inferior surface of the penis, the skin about which was ecchymosed and to which, taking it for a hæmatoma, he at once applied a moist compressing dressing. The scrotum appeared to be normal. After the swelling had subsided, examination convinced the author that this swelling was a dislocated testicle, of the absence of which from its proper place he soon satisfied himself. At the earnest solicitation of the patient he incised the scrotum obliquely toward the root of the penis, and releasing the imprisoned testicle from the cicatricial mass by which it was retained, replaced the errant gland, and fixed it *in situ*. A perfect recovery was made without any accident, and after the expiration of many months there had been no atrophy.

There had been, the author said, up to that date two cases of luxation of the testicle recorded; in the first, by Hess, the testicle had lodged in the opposite side of the scrotum, having passed through the septum; in the other, by Bruns, it had been found underneath the skin of the pubes.—(*New York Medical Journal.*)

**Cystitis.**—The following is an admirable combination in acute and chronic inflammation of the bladder:

| | |
|---|---|
| Benzoic acid | 4 drachms |
| Sodium biborate | 4 drachms |
| Corn-silk extract Fld. | 8 drachms |
| Water to make | 4 ounces |

A dessert spoonful in water every three hours.

The treatment of chronic cystitis does not necesarily differ from that of the acute form in so far as the internal administration of drugs is concerned. The main object is, of course, to maintain normal urine in a healthy bladder. The urinary tract should be disinfected, and salol with calomel will help accomplish this.—(*Transactions Medical Society of West Virginia,* 1901.)

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**Effect of Cocaine.**—Dr. E. H. Martin, in the *Medical Times*, speaks interestingly of the effects produced by this drug. He says that the cases of cocaine and morphine habit are generally among white people, while the combined use of cocaine and whisky appears more frequently among the blacks. The latter two drugs seem to smother all moral sensibilities. Insomnia and anorexia are prominent symptoms and lead to more whisky. The action on the genitals is peculiar. Whether the drug is excreted in the urine, causing anæsthesia of the urethra and glans, or whether the sexual centers in the brain are affected is not known, but cocaine always causes the penis to become shrunken and bloodless. Where morphine also is taken the desire is destroyed, but cocaine and whisky markedly stimulate the sexual appetite, erection being, however, impossible, and sexual perversion frequently results. In regard to treatment, the cocaine habit is similar to the whisky habit and can be stopped if the patient has any will power left. A few days' bracing with strychnine is all that is usually necessary, but it sometimes happens that there is great difficulty in giving the victim enough will power. The great increase in the use of coca and coca-cola will undoubtedly lead to there being as many users of these drinks as there are now of coffee, and the effect which the continued use or small doses of cocaine has will probably be more fully understood.

**Quinine Susceptibility.**—Stelwagon, in the January *Journal of Cutaneous and Genito-Urinary Diseases,* reports an extraordinary case as follows:

"Cases of eruptive phenomena from the ingestion of quinine preparations are common enough in literature and fairly well known, and therefore the publication of new instances is probably only justified by some unusual feature, or for the purpose of calling attention to the possible confusion of some of these rashes with the exanthemata. The case described by the writer is especially striking on account of the smallness of the dose necessary, the many ways in which the drug surreptitiously, so to speak, gained access, and the uncomfortable results which followed. The patient, a gentleman of middle age, healthy, has had something like twenty-five attacks of scarlatiniform erythema, followed by branny and lamellar and sheet-like desquamation, with more or less accompanying itching, and running a course of several weeks.

"The history of these attacks is interesting, as it was noted that on every occasion that the patient had imbibed quinine in any form he had an attack of the eruption. He took small doses of quinine once for malaise. Straightway an attack of the eruption occurred. When the eruption was over he took a tonic containing quinine to build him up, whereupon another attack of the eruption recurred. And so on, every time he took quinine, calisaya or any of its derivatives he suffered with this skin eruption. The use of a tooth-wash containing an infinitesimal amount of quinine superinduced an attack, as did the use of a quinine lotion on the hair.

"The patient's life has been made miserable on account of his great susceptibility to quinine. He stands in mortal dread every time he consults a strange physician, fearing that he will not properly consider the question of susceptibility to quinine. Even when he has no fears on account of good health he is in danger of using a tooth-powder or wash containing quinine.

"Strange to say, the patient stated that but a few minutes elapse after he has taken the drug before he feels a flush go over the entire surface of the body, and he always knows at once that the mischief has been done. His nails have always been unaffected."

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**Nose, Mouth and Pharynx Antisepsis in Scarlet Fever.**—To secure this, the *New Orleans Medical and Surgical Journal* suggests the following:

℞ Menthol ..... grs. iii
Boric acid ..... ℥i
Vaselin ..... ℥i
M. Sig.—To be applied in the nose.

Or,

℞ Oil of peppermint ..... mx
Resorcin ..... grs. xv
Olive oil (sterilized) ..... ℥v
M.—Eight drops to be instilled into each nostril morning and evening.

The mouth should be washed frequently with borated, carbolized, or napthol-ized solution and the same applied to the tonsils and pharynx.

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**Hypodermatic Needles, to Cleanse.**—The needle should be kept carefully clean; but, if neglected so that the wire can not be passed, the point may be heated in an alcohol flame to burn out the organic matter. When the wire is rusted in the canula, the latter should be allowed to soak over night in neutral oil, and then heated as before. After that, all traces of rust are removed by forcing into the point more oil.—(BOURNEVILLE and BRICON).

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**Medical Mission in Labrador.**—Along more than a thousand miles of seacoast in Newfoundland and Labrador there are no doctors except those of the Labrador Medical Mission. Yet medical service is greatly needed. The resident and summer population of these coasts reaches from twenty to forty thousand. Life is a hard struggle for them and disease is frequent. They are largely subject to accidents, poisoned wounds, eye-disease, digestive troubles, scurvy, consumption, and various epidemic diseases. Their only possible relief from these conditions and from the terrible suffering, crippling, death and destitution resulting from them comes from the work of the Mission. This Mission deals with over 2,000 cases every year. It maintains a finely-equipped hospital steamer and two hospitals on the Labrador shore and is building a third hospital in Northern Newfoundland.—(*Exchange.*)

# NOTES & COMMENT

**Minnesota Has Her Troubles.**—The board of medical examiners of Minnesota revoked a license on account of dishonorable and dishonest conduct. The practitioner was the sole attendant of a medical institute which advertised largely in the most offensive manner and expressly guaranteed cures. An appeal to the governor was taken. His and the attorney-general's opinions clearly admit the unprofessional conduct and dishonesty of the advertisements, but nevertheless the action of the state board is reversed on a mere legal technicality. The complaint stated that the doctor had caused certain signs to be painted and affixed to the house, whereas it was shown that such signs were in place, when he assumed charge of the institute. And this saved him. Comment is unnecessary.—(*Wisconsin Medical Record.*)

No, there isn't much to be said, in the premises. The governor and the attorney-general seem to have been more at fault than the physician. It is a pity they have no licenses to revoke.—Ed.

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**Very Low Rates to the Northwest.**—March 1 to April 30, 1902, the Chicago, Milwaukee & St. Paul Railway will sell tickets to Montana, Idaho and North Pacific coast points at the following greatly reduced rates: From Chicago to Butte, Helena and Anaconda, $30.00; Spokane, $30.50; Portland, Tacoma, Seattle, Victoria and Vancouver, $33.00. Choice of routes via Omaha or St. Paul to points in Montana, Oregon and Washington.

For further information apply to any coupon ticket agent in the United States or Canada, or address Robt. C. Jones, Michigan Passenger Agent, Detroit, Mich.

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**Are You Like Him?**—Dr. H. U. Umsted died January 25th at Phoenixville, where he had practised medicine for fifty-five years. At the time of his death he had $50,000 in uncollected bills on his books.—(*Medical News.*)

**Laceration of the Perineum Repaired.**—Dr. H. A. Royster, before a recent meeting of the Southern Surgical and Gynecological Association is reported in *American Medicine,* as having given the following interesting history of a case: "The perineum of this girl was torn completely through the rectovaginal septum at her birth. The child's grandfather acted as accoucheur. Owing probably to dimmed eyesight and infirmity, a breech **presentation was evidently** mistaken for vertex position, and the obstetrician, introducing his finger into what he thought was the child's mouth, but which was really its vagina, exerted traction, and the result was a complete laceration of the baby's perineum. No immediate harm came from the accident, and it was resolved not to attempt a restoration of the injured region until the gilr was considerably older. After two operations the author obtained a perfect result."

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**Chicago Morals.**—An operation being performed upon a woman in the general clinic at the Cook County Hospital, January 23, was stopped by Warden Healy, and the patient removed to a private operating-room, away from the view of medical students. The Warden recently gave an order that women should not be publicly exposed while undergoing perineal and uterine operations, and he intends to enforce it.—(*Medical News.*)

(It is to be regretted that Warden Healy is not more active in the suppression of crime in general. Chicago might well devote her wardens' attention to crimes against women, far more heinous than the performance of operations before an audience of medical students, whose only interest was presumably a wholly decent and professional one.—Ed.)

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**Pilocarpine.**—This is a valuable medicament in acute or chronic kidney affections in adults or children. Use one-third to one-half grain every two or three hours; also employ pure cream of tartar freely in these affections. Pilocarpine is also highly valuable in croup, diphtheria, broncho-pneumonia, and acute capillary bronchitis.—(*Georgia Eclectic.*)

**The Army Death Rate.**—Statistics derived from armies are of particular value, for there is no chance for the concealment of cases which frequently occur in civil life. Every case of disease as well as every death is known. Beginning with 1874 the average annual death rate per 100,000 strength in various armies was as follows: French army for eight years, 15; Austrian army for six years, 26; British army for twenty-two years, 3.7; Prussian army, one solitary death from 1874 to 1896. I have not been able to obtain the statistics since that year. As already stated, vaccination is more thoroughly carried out in the Prussian army than among any other body of men, the British army standing next.—(*Medical Review of Reviews.*)

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**Typhoid Treatment.**—Dr. S. Birdsall, in the *Pennsylvania Medical Journal,* has the following to say:

Calomel well sustains its reputation as a remedy of undoubted value in the early stage of typhoid. Whether due to its germicidal or other qualities, the fact remains, that its judicious use in the early stage, favorably influences the course of the disease. If the case is seen early, give a quarter of a grain every two hours, for four to eight doses. If that amount does not act freely on the bowels, follow with rhubarb or some saline cathartic.

An enema of sodium chloride and warm water—a teaspoonful to the pint—should be given once daily for first week. Good authorities have stated that the typhoid bacillus cannot live in salt water. Although there may not be many typhoid germs within reach of a rectal injection, is just as well to use salt solution.

Some of it may be absorbed by the portal veins and so assist in maintaining the due percentage of sodium chloride in the general blood supply. I regard bismuth subgallate as our most efficient intestinal antiseptic. In recent years I have given it in almost every case of typhoid. If it is contra-indicated on account of constipation, silver nitrate may be given, one-fourth grain pill three times daily; omit at the end of second dozen, as advised by the late Dr. Pepper, in his "Practice of Medicine."

# BOOK REVIEWS

**Studies in the Psychology of Sex. Sexual Inversion. By Havelock Ellis, L. S. A. (England); Fellow of the Medico-Legal Society of New York and the Anthropological Society of Berlin; Honorary Fellow of the Chicago Academy of Medicine, etc.; General Editor of the Contemporary Science series 1899. The "Studies in the Psychology of Sex" will probably be completed in five volumes. "Sexual Inversion" is second volume in the series. Pages xi-272. Size, 8⅝ x 5¾ inches. Extra Cloth, $2.00 net, delivered. Sold only to physicians, lawyers, advanced teachers, and scientists. Philadelphia, Pa.: F. A. Davis Co., Publishers, 1915-16 Cherry Street.**

This subject, beyond all doubt one of deep interest to the physician, is exhaustively treated by the author, who approaches it with the feeling that it is one whose elucidation will be of great benefit to those whose profession demands a clearer knowledge of a psychological condition whose existence is an established fact. He points out that examples of sexual inversion are not at all infrequent, but on the contrary are so numerous as to admit of their being divided into well defined groups. The subject matter is treated frankly, but without offense, and the reader feels that the author is a man who has been impelled to his work by a sense of duty to members of the medical and the legal profession.

The author cites a number of cases, among them several noted ones, and brings his subjects for discussion from all lands. The legal aspect of the matter is touched on by him, and it appears that he feels there can be little done in the way of controlling the actions of inverts by law, owing to the peculiar nature of the case. "It may further be pointed out," he says on page 211, " that legislation against homosexuality has no clear effect either in diminishing or increasing its prevalence." Later he says: "It should be the function of the law in this matter to prevent violence, to protect the young, and to preserve public order and decency. Whatever laws are laid down beyond this must be left to the individuals themselves, to the moralist, and to public opinion."

The book is one that may be read with profit by the physician or the lawyer. The publisher has done his share to make the book of value.

International Clinics. A quarterly of Clinical Lectures and Especially Prepared Articles on Medicine, Neurology, Surgery, Therapeutics, Obstetrics, Pædiatrics, Pathology, Dermatology, Diseases of the Eye, Ear, Nose, and Throat, and other Topics of Interest to the Student and Practitioners by Leading Members of the Medical Profession Throughout the World. Edited by Henry W. Cattell, A. M., M. D., Philadelphia, with the collaboration of John B. Murphy, M. D., Alexander D. Blackader, M. D., H. C. Wood, M. D., T. M. Rotch, M. D., E. Landolt, M. D., Thomas G. Morton, M. D., Charles H. Reed, M. D., J. W. Ballantyne, M. D., and John Harold, M. D., with Regular Correspondents in Montreal, London, Paris, Leipsic, and Vienna. Volume IV. Eleventh Series. Price, $2.00. J. B. Lippincott Company, 1902.

Volume IV of the International Clinics is a quarterly devoted to the report of special clinics, and the discussion of special cases and general medical topics, by the most prominent physicians of this and other countries.

It contains 302 pages with 107 illustrations, many of which are particularly fine, and 34 selected formulae.

There are 36 authors represented in this book and among the more important articles are: Remarks on Strychnine, by A. Jacobi, M. D.; A Description of the Methods of Investigating the Action of Drugs, by Horatio C. Wood,, Jr., M. D.; A Modified Technique in the Spinal Injection of Cocaine, by A. Guinard, M. D.; Deformities in Children, from the Standpoint of the General Practitioner, by John Madison Taylor, M. D.; and the Modern Treatment of Some Common Dermal Affections, by William S. Gotthell, M. D.

The fine quality of the subject matter and the remarkable low price recommend this work to every progressive medical man.

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Venereal and Sexual Diseases. A Manual, by Wm. A. Hackett, Ph. G. M. C. P. S. (Ont.); Professor of Dermatology and Venereal Diseases Michigan College of Medicine and Surgery; Attending Physician to Emergency Hospital, Detroit; etc., etc.; and N. E. Aronstam, M. D., Ph. G.; Assistant in Chemistry and Clinical Dermatology, Michigan College of Medicine and Surgery; Attending Physician to Emergency Hospital, Detroit; etc., etc. Cloth; pp. 202, with numerous Illustrations. G. P. Engelhard & Co., Chicago, 1901.

This small but comprehensive book, which is dedicated to Prof. O. Lassar, M. D., goes at the subject of the diseases mentioned from the practical side and has for an object the furnishing of a practitioner with useful hints and directions on the diagnosis and treatment of venereal disease. An important branch of the work is the illustrations of the most modern appliances used in treatment and these all find a place in the manual's pages, while the text with them is clearly and simply written. The medicinal treatments recommended are those which have been set down by some of the well known syphilographers, and there are evidences of careful compilation.

The book is divided into four parts, as follows: I. Gonorrhœa and its Complications; II. The Venereal Ulcer and its Complications; III. Syphilis; IV. Sexual Diseases. Part IV contains a brief discussion of the physiology of sexualism and some considerable comment on sterility and impotence, following the suggestions laid down by Krafft-Ebing, Caspar, Havelock, Ellis, Lombroso, Keyes, Lydston and others. The subject matter throughout the book is well and conveniently arranged so as to be easy of access to the reader, while a topical reference index in the back of the book enables the student to turn directly to any desired subject. The book is well published.

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The Medicinal Plants of the Philippines. By T. H. Pardo de Tavera, Doctor en Medicina de la Facultad de Paris, Comisionado Cientifico de S. M. en las Islas Filipinas y Delegado General en las Mismas de la Societe Academique Indo-Chinoise de Francia, Miembro Fundado Correspondiente de la Sociedad Espanola Higiene, etc. Translated and revised by Jerome B. Thomas, Jr., A. B., M. D., Captain and Assistant Surgeon, U. S. V. Published by P. Blakiston's Son & Co., 1012 Walnut Street, Philadelphia, 1901. Price, $2.00 net.

With the recent acquisition of the Philippines, the question of their resources is still an interesting one to all branches of usefulness and Dr. de Tavera is well qualified to speak of the medicinal qualities of the plants of the islands. His work is of ten years' standing, but owing to the small knowledge of Spanish held in the United States, particularly among members of the medical profession, it has been comparatively little known. Dr. Thomas, whose experience on the ground makes his task somewhat easy, has proved a capable man in his task of translating the book into English and has brought to English-speaking practitioners a book that should be both helpful and interesting. The publishers have not failed the author.

The American Edition of Nothnagel's Encyclopedia. Variola, (including Vaccination). By Dr. H. Immerman, of Basle. Varicella. By Dr. Th. von Jurgensen, of Tubingen. Cholera Asiatica and Cholera Nostras. By Dr. C. Liebermeister, of Tubingen. Erysipelas and Erysipeloid. By Dr. H. Lenhartz, of Hamburg. Whooping Cough and Hay Fever. By Dr. G. Sticker of Giessen. Edited, with additions, by Sir J. W. Moore, B. A., M. D., F. R. C. P. I., Professor of the Practice of Medicine, Royal College of Surgeons, Ireland. Handsome octavo volume of 682 pages, illustrated. Philadelphia and London: W. B. Saunders & Co., 1902. Cloth, $5.00 net; Half Morocco, $6.00 net.

The importance of the diseases treated of in this work is so well recognized and the subject is so thoroughly covered, particularly by German writers, that there would seem to be little room for the work of an editor in connection with writings on the subject. But the editor of the book in question has not only added to and bettered the writing of some of the contributions to this work, but he has also incorporated in it the result of some of his experiences of thirty-three years' practice in medicine. Immerman, of Basle, contributes a valuable commentary on Variola, touching also on Vaccination and Variloation, which is a strong factor in making the whole work useful to the profession. It is a particularly timely article just now and it is written with strength and force. The editing of Sir J. W. Moore brings the contents down to date and he has been unusually successful in fulfilling the task allotted to him. The book as a whole is beyond question a valuable contribution to medicine.

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Syphilis. A Symposium. Contributions by seventeen authorities. Cloth; pp. 122. Price, $1.00. E. B. Treat & Co., New York, 1902.

This comprehensive little book is made up of reproductions from special contributions on the subject of syphilis, originally published in one of the special numbers of the International Medical Magazine and comprising the practical opinions and experiences of members of the profession whose knowledge of the subject in hand entitles their words to serious consideration. The writers of the papers are L. Duncan Bulkley, A. M., M. D., Follen Cabot, Jr., M. D., Louis A. Duhring, M. D., Prof. Fournier, M. D., Eugene Fuller, M. D., E. B. Gleason, M. D., William S. Gottheil, M. D., Robert H. Greene, A. M., M. D., Norman B. Gwyn, M. D., Orville Horwitz, M. D., Edward L. Keyes, M. D., G. Frank Lydston, M. D., D. J. McCarthy, M. D., Thomas G. Morton, M. D., Boardman Reed, M. D., A. Robin, M. D., and J. D. Thomas, M. D. It is interesting to observe the unanimity along certain lines manifested by authorities in the book, while at the same time there are points of wide deviation. The handy little work concludes with a set of questions and answers, regarding the diagnosis of syphilis and the question of heredity in connection with the disease. It certainly covers the ground in many directions and should be of value to men in the profession who are specially interested in the treatment of syphilis.

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Lea's Series of Pocket Text-Books. Hayden on Venereal Diseases. A Pocket Text-Book of Venereal Diseases. For Students and Practitioners. By James R. Hayden, M. D., Chief of Clinic and Instructor in Venereal and Genito-Urinary Diseases in the College of Physicians and Surgeons, New York, etc. New (3d) Edition, thoroughly revised. In one handsome 12mo. volume of 304 pages with 66 engravings. Cloth, $1.75 net. Flexible leather, $2.25 net. Lea Brothers & Co., Publishers, Philadelphia and New York.

With this book in the third edition (mention of which was made last month) Dr. Hayden has taken the opportunity offered for a thorough revision, besides making some additions of interest to the profession. A new section on Vegetations and one on Herpes Progenitalis have been incorporated with the work. Diagnosis and treatment of the diseases with which the author's specialty has rendered him familiar are very complete and the form in which the book has been issued by the publisher commends it to the practitioner who wants a handy reference book. It is well illustrated.

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The Principles and Practice of Medicine. Designed for the use of practitioners and students of Medicine. By William Osler, M. D., Fellow of the Royal Society, Fellow of the Royal College of Physicians of London, Professor of Medicine in the Johns Hopkins University, and Physician-in-Chief to the Johns Hopkins Hospital, Baltimore, etc. Fourth edition, 8mo. cloth, pages 1,100. D. Appleton & Co., Publishers, New York, 1901.

"Osler's Practice" is very well known and the present edition contains some important revisions and additions to the subject matter of preceding editions. The author has added the results of his extensive clinical observations to the article on Typhoid fever and the topics of other acute affections of the human frame have also been elaborated, until the

present book forms a practically new edition of a work that has long been regarded as an authority.

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The Four Epochs of Woman's Life. A Study in Hygiene. By Anna M. Galbraith, M. D., Author of "Hygiene and Physical Culture for Women;" Fellow of the New York Academy of Medicine, Etc. With an Introductory Note by John H. Musser, M. D., Professor of Clinical Medicine, University of Pennsylvania. 12mo. Volume of Two Hundred Pages. Philadelphia and London: W. B. Saunders & Company, 1901. Cloth, $1.25.

Dr. Galbraith's contribution to medical literature on the subject of women's ailments is a comprehensive work on a matter to which she has devoted considerable time and on which she has previously written with ability. Its object is to show women what they must not do in order to retain their health and the book partakes of the nature of an essay on hygiene. It is a thoughtful and well considered work, and should be met with a warm welcome from suffering womankind.

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A Manual of Ophthalmoscopy. For Students and General Practitioners. By J. E. Jennings, M. D. (University of Pennsylvania.) Author of "Color-Vision and Color-Blindness," Etc.; formerly Clinical Assistant, Royal London Ophthalmic Hospital, London; Member of the American Medical Association, Etc. With Ninety-Five Illustrations and one Colored Plate. Published by P. Blakiston's Son & Co., 1012 Walnut Street, Philadelphia, 1902. Large 12mo. Price, $1.25.

This book is an elaboration of a series of lectures which Dr. Jennings delivered before the students of the graduating class of the Beaumont Hospital Medical College, St. Louis. The reading matter is arranged systematically and is well illustrated. The use of the opthalmoscope is carefully explained and the suggestions are of value to the student, the postgraduate and the practitioner of long standing.

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Saunders' Question Compend. Essentials of Physiology. Prepared especially for Students of Medicine; and arranged with questions following each chapter. By Sidney P. Budgett, M. D., Professor of Physiology, Medical Department of Washington University, St. Louis. 16mo. volume of 233 pages, finely illustrated with many full-page halftones. Philadelphia and London. W. B. Saunders & Co., 1901. Cloth, $1.00 net.

This book form an important addition to the series issued by this well known publishing house, being an entirely new work, full of information of value to the student in connection with text-book work. Questions touching upon the main points of the text follow each chapter, serving to fix the salient features of each division in the mind of the reader. The illustrations are for the most part full-page half-tones.

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A Manual of Clinical Laboratory Methods. By John Benjamin Nichols, M. D., in charge of Clinical Laboratory, Garfield Hospital; Hematologist to Columbian University Hospital; Professor of Normal Histology in Medical Department of Columbian University, Washington, D. C. Illustrated. 8vo. Cloth, pp. 303. William Wood & Co., Publishers, New York, 1902.

The most important laboratory methods are presented in this work in practical and systematic form. The author states prefatorily that he is aware of the somewhat crowded condition of the field covered by his book, but bases his claim for recognition on the fact that much of value is contained in a small space; and this claim is well substantiated by the book itself.

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**Sanatorium for Colorado Springs.**—Gen. William J. Palmer has donated 100 acres and $50,000 to found a sanatorium in Colorado Springs. As already planned, two buildings will cost $200,000 and $50,000 respectively. The first will accommodate 100 patients who are able to pay a fair price for treatment. The class who can pay little or nothing will be accommodated in the other building to the number of fifty. Revenue from the large building will mainly support the smaller one. The sanatorium will be conducted on the German theory. The sanatorium will be east of the city, to procure the purest air and freedom from dust and smoke. The medical staff and the board of trustees are yet to be selected. A company will be incorporated. A large part of the money has already been subscribed.—(*Exchange.*)

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A teaspoonful three or four times daily.

—(*Illustrated Medical Journal.*)

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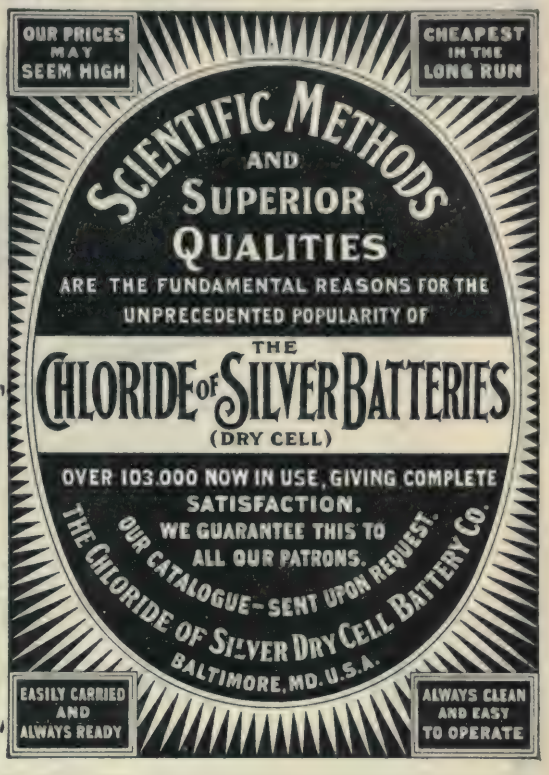
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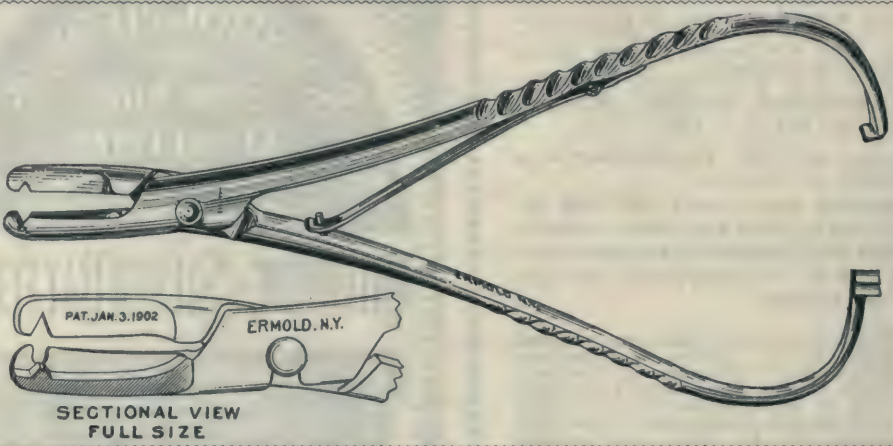


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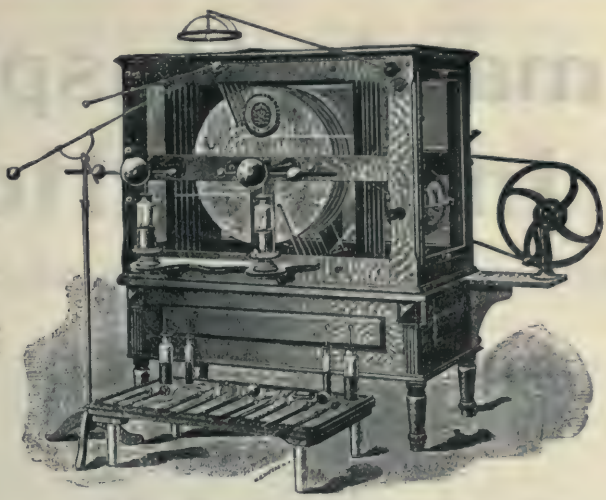

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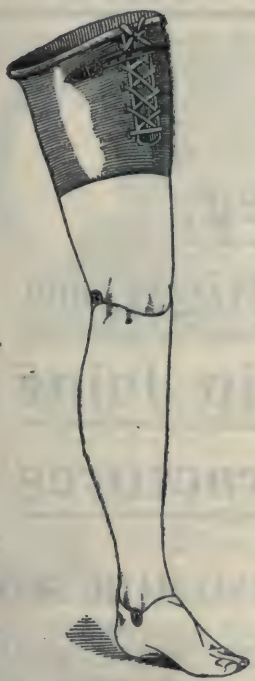

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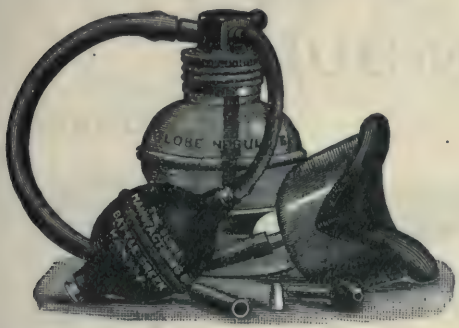

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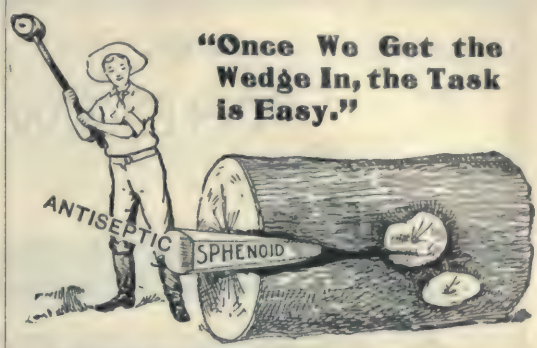


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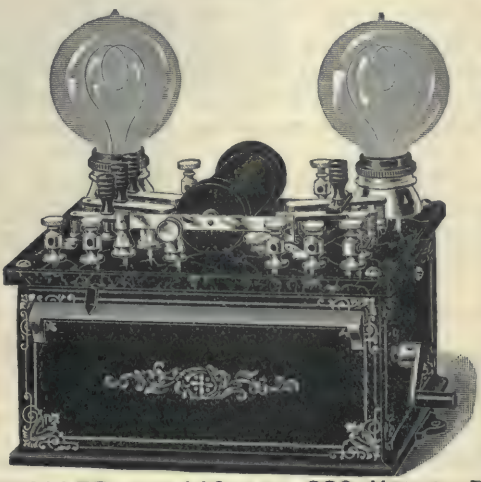

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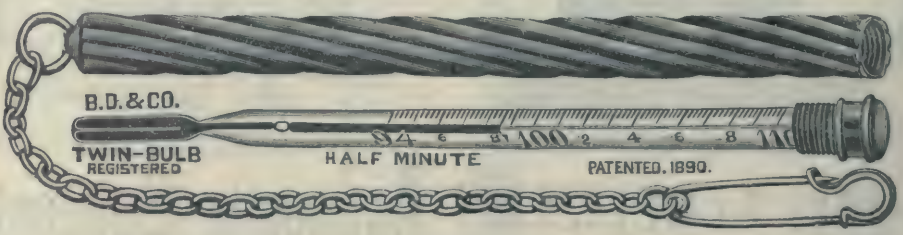


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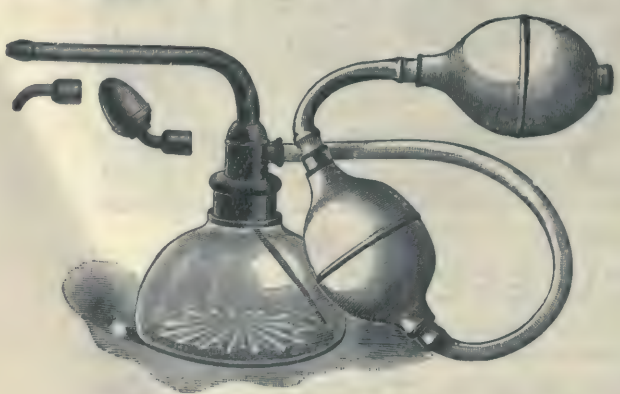

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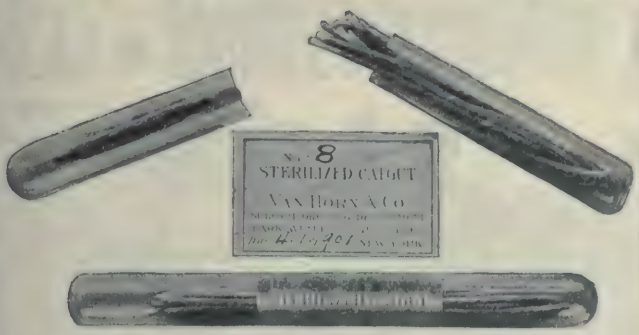


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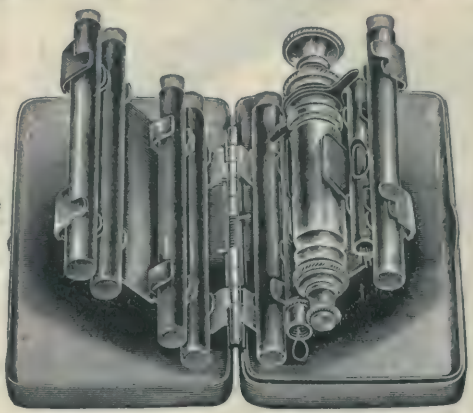

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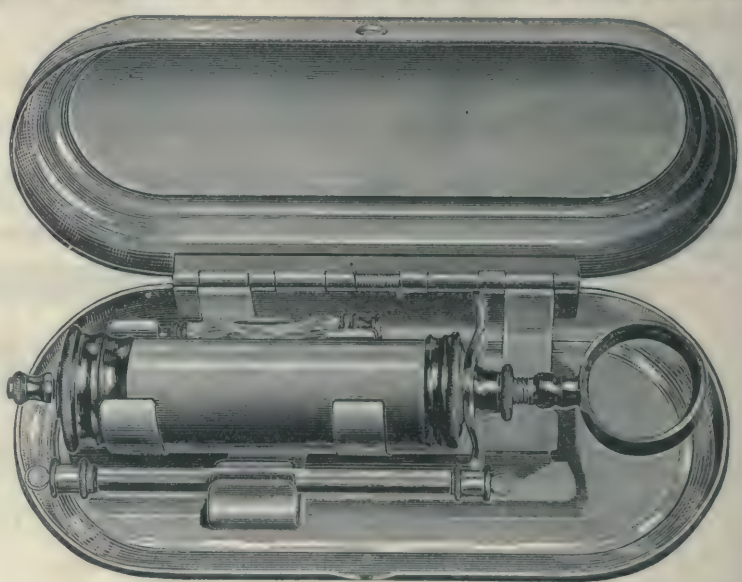

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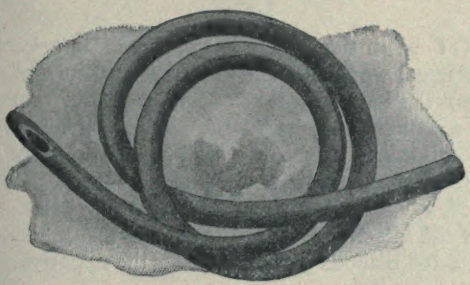

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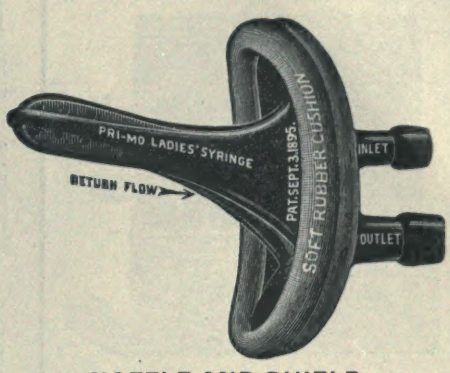


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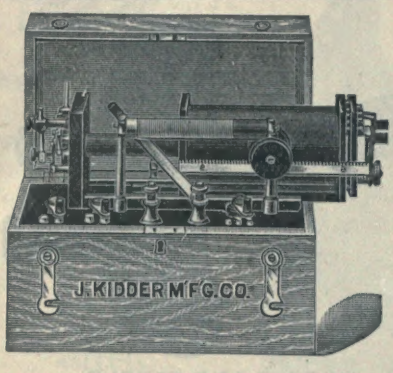


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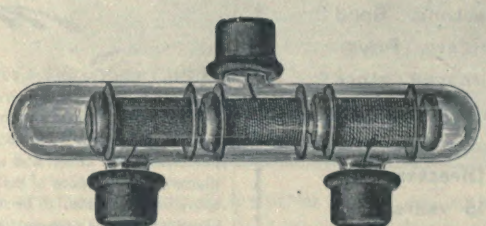

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